No. 300
10.48

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1500

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Jefferson 0502
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) De Soto, Missouri
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Flucom Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2219
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 3664 Washington Blvd.,

3. NAME OF DECEASED (Type or Print)
a. (First) CLAUDE
b. (Middle) L
c. (Last) BATY

4. DATE OF DEATH (Month) (Day) (Year) JAN 12 ~~19~~ 1955

5. SEX Male O

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH (Month) (Day) (Year) JUNE 1, 1902 ~~November 20, 1883~~

9. AGE (In years last birthday) 52 ~~66~~ IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Shoe Worker~~ Bartender

10b. KIND OF BUSINESS OR INDUSTRY RETIRED ~~Shoe Manufactory~~

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, Scott Co. O

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James W. Baty ~~Philip Snyder~~

13b. MOTHER'S MAIDEN NAME Mollie C. Stagner ~~Elizabeth Billner~~

14. NAME OF HUSBAND OR WIFE Marie Baty ~~Mabel Pearl Snyder~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~Yes~~ (If yes, give war or dates of service) ~~1st World War~~

16. SOCIAL SECURITY NO. ~~494-03-6884~~ 494-05-4820

17. INFORMANT'S NAME, ADDRESS MRS. MARIE BATY 3664 Washington Blvd. ~~Mrs. Mabel Pearl Snyder, 4414 Elmbank Ave.~~

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 YRS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive and arteriosclerotic heart disease — 2 YRS.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 25, 1952 *to* 12 Jan, 1955, *that I last saw the deceased alive on* 14 DEC, 1954 *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard L. Jones (Degree or title) MD **23b. ADDRESS** 3720 Washington **23c. DATE SIGNED** 12 Jan 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 1-13-1955 **24c. NAME OF CEMETERY OR CREMATORY** MEMORIAL ~~Valhalla~~ Cemetery **24d. LOCATION** (City, town, or county) (State) St. Louis County, Missouri

DATE RECEIVED BY REGISTRAR 1-13-55 REGISTRAR'S SIGNATURE Marie Harris

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS MATH HERMANNN & SON, INC., 2161 E. FAIR AVE

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 17 1955

JAN 24 1955

MAR 9 1956

FEB 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. Ford G. Burnley

Licensed Embalmer No. 420

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.