

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1503

State File No.

BIRTH NO. **FILED FEB 8 - 1955** REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **1249** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Jefferson 0500 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2109	
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		STREET ADDRESS (If rural, give location) 4152 Grove Street 7	

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) L. c. (Last) BATTEIGER			4. DATE OF DEATH (Month) (Day) (Year) January 17, 1955		
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH April 15, 1897	9. AGE (to years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY General Candy CO.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Louis Batteiger		13b. MOTHER'S MAIDEN NAME Leha Stein		14. NAME OF HUSBAND OR WIFE Rose Batteiger deceased			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War # 1		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melvin Batteiger Route # 1 St. Charles, MO.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH ? 10 years +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans - arterial insufficiency right leg with impending gangrene right foot 2 weeks						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		200X			

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 27, 1954**, to **Jan 17, 1955**, that I last saw the deceased alive on **Jan 12, 1955**, and that death occurred at **5:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, MO.		23c. DATE SIGNED 1-19-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis MO		
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DATE REC'D BY LOCAL REG. 1-22-55		REGISTRAR'S SIGNATURE Kathleen Marsden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DATE RECEIVED

DATE RECEIVED FEB 3 1955

FEB 3 1955

FEB 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neville D. Frohwitter*

Licensed Embalmer No. 369

P. O. Address 3934 N 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.