

XC-512 862

STANDARD CERTIFICATE OF DEATH

State File No. 2308

Reg. 5244 SI-462

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0209

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| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>915 N. Grand, St. Louis, Mo.</u> | | c. CITY OR TOWN <u>ST. LOUIS</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospt</u> 2187 STREET ADDRESS (If rural, give location) <u>4561 Cadet Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>ROBERT</u> | | a. (First) <u>B.</u> | b. (Middle) <u>BATTLES</u> |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> |
| 8. DATE OF BIRTH <u>7-6-1895</u> | | 9. AGE (In years last birthday) <u>59</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Staffenville, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Albert Battles</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lydia Wharton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jeanette Battles</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW-I</u> | | 16. SOCIAL SECURITY NO. <u>498 20 4733</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</u> ADDRESS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| DUE TO (b) <u>CARCINOMA OF BLADDER</u> | | <u>5 years</u> | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS | |
| URINARY OBSTRUCTION WITH PYELITIS AND PYELO NEPHRITIS | | Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>181x</u> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>12-10-54</u> , 19 <u>54</u> , to <u>1-7-55</u> , 19 <u>55</u> , and that death occurred at <u>11:55a</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. A. Kaminski</u> | | 23b. ADDRESS <u>M.D. VAH 915 N. Grand, St. Louis, Mo.</u> | |
| 23c. DATE SIGNED <u>1-7-55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>Jan. 10, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u> ADDRESS <u>6464</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 10 1955</u> | | 50. Hoffmeister Colonial Mortuary, Chippewa | |

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

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 *Harry J. Schumacher*
Licensed Embalmer No. 2679

P. O. Address 78198 1/2 Road

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.