

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35517**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2430**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ferdinand Twp		c. LENGTH OF STAY (In this place) 3yr		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hallsferry Memorial Home		e. STREET ADDRESS (If rural, give location) 707 Baden Ave.,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle) _____			c. (Last) BATTS			4. DATE OF DEATH (Month) (Day) (Year) October 21st, 1955		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH November 9th, 1885		9. AGE (In years last birthday) 69		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) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Edward Holtgrewe			13b. MOTHER'S MAIDEN NAME Caroline Krenning			14. NAME OF HUSBAND OR WIFE Joseph Batts		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-05-8655		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Holtgrewe, 3119a N 11th			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arterio Sclerosis</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Hypertension</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		<p>(a) Generalized Arterio Sclerosis</p> <p>(b) Hypertension</p> <p>(c) _____</p>						<p>10 yrs</p> <p>75 yrs</p>			
		<p>19a. DATE OF OPERATION _____</p> <p>19b. MAJOR FINDINGS OF OPERATION _____</p>						<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>			
		<p>21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____</p>		<p>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____</p>		<p>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____</p>		<p>21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	

22. I hereby certify that I attended the deceased from **1947, 1953, to Oct 21, 1955**, that I last saw the deceased alive on **Oct 12, 1952**, and that death occurred at **4:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Thomas		(Degree or title) _____		23b. ADDRESS 5209 N Broadway		23c. DATE SIGNED 10/21/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/24/55		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo. Mo.	
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DATE REC'D BY LOCAL REG. 10-22-55		REGISTRAR'S SIGNATURE Heber K. Romke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry	
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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 *G. W. Wilkerson*.....

Licensed Embalmer No. *35*.....

P. O. Address *11 Lou*.....

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.