

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24736**

FILED JUL 30 1956
BIRTH NO. **47738-56** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) St. Joseph's Hospital	
3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) - c. (Last) Battocletti		4. DATE OF DEATH (Month) (Day) (Year) July 19 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 19-1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		13a. FATHER'S NAME Louis Battocletti	
13b. MOTHER'S MAIDEN NAME Laverne Mathis		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME Laverne Mathis Battocletti ADDRESS St. Charles, Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Separation of Placenta			
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 7615	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 19 July, 1956 , to 19 July, 1956 , that I last saw the deceased alive on 19 July, 1956 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William G. Myerly, M.D.		23b. ADDRESS 8711 St. Charles Rd. St. Louis 14, Mo	
23c. DATE SIGNED 20 July 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/20/1956	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. July 20 1956		25. FUNERAL DIRECTOR'S SIGNATURE Hannie Houston COLLIER MURRAY ADDRESS 10123 St. Charles Rd.	

(Licensed Embalmer's Statement on Reverse Side)

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

09220

2840

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *No Embalming*
Student Embalmer

Signed *Sheldon Collier*
Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles Rd*

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