Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11575

FILED MAR 29 1957 Registration District No. 312 Primary Registration District No. 590 Registrar's No. 628

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Quinette Rd. 3 — Length of stay in 1b D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves 4617 — Inside Limits Yes X No ☐
d. STREET ADDRESS 348 S, Maple (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Louis Middle: Erwin Last: Batts
4. DATE OF DEATH Month Day Year: Mar. 10, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 25, 1927
9. AGE (In years last birthday): 29 — 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): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: State Hy. Dept.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bascon Franklin Batts
14. MOTHER'S MAIDEN NAME: Lila May Bartlett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO. 491-26-3351
17. INFORMANT: Robt. H. Batts — Address: 348 S. Maple

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound of the head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E-976X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted gunshot wound of head - body foundin car parked on Quinette Road ½ mi. west of Barrett Station Road
20c. TIME OF INJURY Hour a. m. p. m. body found 8:45 AM Month, Day, Year 3/10/57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) car
20f. CITY, TOWN, OR LOCATION: Rural — COUNTY: St. Louis — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Harris (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 3/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/12/57
23c. NAME OF CEMETERY OR CREMATORY: Bartlett Cem.
23d. LOCATION (City, town, or county) (State): Cedar Hill, Tenn
24. FUNERAL DIRECTOR: Pfitzinger Mort. — ADDRESS: Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG.: 3/12/57
26. REGISTRAR'S SIGNATURE: Hubert R. Dambach M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ben E. Hoffman

Licensed Embalmer No. H5 6

P. O. Address Bevis Co

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.