

FILED FEB 3 1958

STANDARD CERTIFICATE OF DEATH

3841

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 238

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	ST LOUIS	a. STATE	MO
b. CITY (If outside corporate limits, give TOWNSHIP only)	CLAYTON	b. COUNTY	ST LOUIS
OR TOWN	CLAYTON	c. CITY OR TOWN	VALLEY PARK 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	ST. LOUIS CO.	d. STREET ADDRESS	H1 - 147
Length of stay in lb	1 DAY	(If outside give location)	
		Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
Fred	H	Batcheller	1	24
5. SEX			6. DATE OF BIRTH	
M	W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday)	
			87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and state or country)	
PAPER HANGER Own BUSINESS			ST. JOSEPH, MO	
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?	
J. W. BATCHELLER			U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	
UNKNOWN			UNKNOWN	
17. INFORMANT			Address	
Ed Bergmann			Valley Park Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Arteriosclerotic Heart Disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Cardiac Insufficiency
	DUE TO (c)	Generalized Arteriosclerosis
PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED?
malnutrition		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY	4200
Hour	
a. m.	
Month, Day, Year	
p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 1-24-58, to 1-24-58 and last saw her/him alive on 1-24-58				
Death occurred at 6:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Angelo A. Speno M.D.	601 So. Brentwood	1-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	1-27-1958	OAK HILL CEM.	KIRKWOOD, MO.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Schneider F.H.	Bellewin, Mo	1/25/58	Herbert R. Darnke MD

(Licensed Embalmer's Statement on Reverse Side)

JN

Health, Welfare, Public Service, 300, 1-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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.....  
*Richard Bopp*

Licensed Embalmer No. *45*

P. O. Address *Fuller*

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