

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022667

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No.

Primary Registration District No.

Registration No.

5065

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4431		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Barnes Hospital		Length of stay in lb 25 years	d. STREET ADDRESS (If outside, give location) 10 Apple Tree Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle L. Last BATTS			4. DATE OF DEATH Month MAY Day 22 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 3, 1891		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Scott County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hilary Tucker		13b. MOTHER'S MAIDEN NAME Unknown Kissner		14. NAME OF HUSBAND OR WIFE William Batts, dec'd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Do not give year or dates of service) No Nil		16. SOCIAL SECURITY NO. 500-24-1110		17. INFORMANT Address Frank W. Tucker, 10 Apple Tree Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia					INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 Hour _____ a.m. _____ 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 JAN. 7, 1959 to MARCH 7, 1959 and last saw her alive on MARCH 7, 1959 Death occurred at 11:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE FR Bradley		(Degree or title)	22b. ADDRESS M. D. Barnes Hospital		22c. DATE SIGNED 5/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-26-59	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 25 '59		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Sam W. Welton

Licensed Embalmer No. *3575*

P. O. Address. *St Louis*

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.