

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023696

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1633

800
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ellisville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves 4617
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium		Length of stay in 1b 2 wks.	d. STREET ADDRESS 348 S. Maple (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LILA Middle MAY Last BATTS			4. DATE OF DEATH Month June Day 15 , Year 1959	
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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 Dec 22, 1890	9. AGE (In years last birthday) 68	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 None	11. BIRTHPLACE (City and state or country) Cedar Hill, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robt, Henry Bartlett	13b. MOTHER'S MAIDEN NAME Ida Farmer	14. NAME OF HUSBAND OR WIFE Bascom Franklin Batts
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Robt. H. Batts-348 S. Maple, Groves Mo. Address Webster
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis		?
	DUE TO (c) unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Webster Groves, Mo.	COUNTY St. Louis	STATE Mo.
21. I attended the deceased from 1 June 59 to 15 June 59 and last saw her alive on 11 June 59 Death occurred at 6:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Danforth (Degree or title)	22b. ADDRESS 10424 Republic Kirkwood, Mo.	22c. DATE SIGNED 6/17/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-18-1959	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) St. Louis Jefferson Bks. County, Mo.
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24. FUNERAL DIRECTOR Pfztinger Mort-Kirkwood	ADDRESS 22, Mo.	25. DATE RECD. BY LOCAL REG. 6-17-59	26. REGISTRAR'S SIGNATURE John C. Murphy
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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 *Herbert J. Lee, Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood 22*

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.