

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033161

FILED VS/ SEP 7 1960

317

Primary Registration District No.

548

Registrar's No.

2534

STATE FILE NUMBER

FILED

SEP 7 1960

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **WEBSTER GROVES** Length of stay in 1b **10 MONTHS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **450 CATALINA** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **ST LOUIS**
 c. CITY OR TOWN **WEBSTER GROVES** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **450 CATALINA** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MRS. HENRY THOMPSON BATT'S** Middle **KATHERINE** Last **BATT'S** A/K/A **A/K/A**
 4. DATE OF DEATH Month **AUGUST** Day **24** Year **1960**
 5. SEX **FEMALE** 6. COLOR OR RACE **CAUCASIAN** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **1/17/1905** 9. AGE (last birthday) **55**
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SALESWOMAN** 10b. KIND OF BUSINESS OR INDUSTRY **REAL ESTATE** 11. BIRTHPLACE (City and state or country) **ST. LOUIS, MISSOURI** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **FRANK SUTTON** 13b. MOTHER'S MAIDEN NAME **LILLIAN STUNKEL** 14. NAME OF HUSBAND OR WIFE **HENRY THOMPSON BATT'S**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. 17. INFORMANT **GLENVIEW** Address **ILLINOIS**
MR. T. L. BATT'S, 2301 SILVER PINE DRIVE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **17 hrs**
 DUE TO (b) **Coronary sclerosis** **10 days**
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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. Month, Day, Year

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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE
 21. I attended the deceased from **august 16, 60** to **august 24, 60** and last saw her/him alive on **august 23, 60**
 Death occurred at **1:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Michael Sulick** (Degree or title) **M.D.** 22b. ADDRESS **9012 Manchester Pl Brentwood** 22c. DATE SIGNED **8-25-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **8/27/1960** 23c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI** 25. DATE RECD. BY LOCAL REG. **8-25-60** 26. REGISTRAR'S SIGNATURE **John C. Murphy**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Brennan

Licensed Embalmer No. 4964
P. O. Address St Louis

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