

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022287
STATE FILE NUMBER

AMENDED
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6185

DATE AMENDED
7/2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Missouri.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN SSt. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6551 Fyler Ave		d. STREET ADDRESS (If outside, give location) 6551 Fyler Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph NMN Battig		4. DATE OF DEATH Month Day Year July 2 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/28/82
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Bush Brewery	11. BIRTHPLACE (City and state or country) Switzerland
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Battig	
13b. MOTHER'S MAIDEN NAME Marie Brandis		14. NAME OF HUSBAND OR WIFE Marie Battig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Marie Battig 6551 Fyler Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA ESOPHAGUS			INTERVAL BETWEEN ONSET AND DEATH 2 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) 150 X			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. 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 Nov 4 1954 to 7/1/61 and last saw him alive on 7/1/61 . Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin E. Lewis M.D.		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 7/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7/5/61	23c. NAME OF CEMETERY OR CREMATORY Missouri	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa.		25. DATE RECD. BY LOCAL REG. JUL 3 1961	26. REGISTRARS SIGNATURE Paul Smith M.D.

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 Lin C. Branson

Licensed Embalmer No. 7764

P. O. Address St. Louis Mo

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.