

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21615

1. PLACE OF DEATH

County Franklin
Township St. Louis
City St. Louis (No. 3018 Brighton)

Registration District No. 399
Primary Registration District No. 1002

File No. 2003
Registered No. 2003
St. 1 Ward

2. FULL NAME

(a) Residence. No. 3018 Brighton St., 14 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U.S., if of foreign birth? 1 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22 1909

7. AGE YEARS 18 MONTHS 4 DAYS 5 IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work High school student
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Daniel Bates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lowa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Genevieve Taudel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Daniel Bates
(Address) 3018 Brighton

15. FILED 7/28 1927 M. M. Coine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec 10

19 24, 6 July 27, 19 27
that I last saw deceased alive on July 5, 1927, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Water-melancholic poisoning involving
both from both acropur both of
121
1511 (duration) 8 yrs. 8 mos. 1 da.

CONTRIBUTORY delirium 1511
(SECONDARY) (duration) 8 yrs. 8 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED Known
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF 4

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray Lab

(Signed) Arthur A. Hobbs M. D.
(Address) 3000 Indiana Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunswick Mo DATE OF BURIAL 7/29-1927

20. UNDERTAKER Mrs. C. L. Luster CITY St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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