

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PARENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 14083
City St. Louis Mo. (No. Sanitarium) St. Ward)

File No. 10932
Registered No. 3010
St. Ward)

2. FULL NAME

Nicholas Bates
(a) Residence, No. 625 Lynch St. 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Croatia

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

17. INFORMANT W. F. McNamee M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 3-22 1932

19. UNDERTAKER Walter Richter (ADDRESS) 3000 Rutledge St

20. FILED MR 28 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th 1932

22. I HEREBY CERTIFY That I attended deceased from July 1st 1930 to March 16th 1932
I last saw him alive on March 16th 1932 Death is said to have occurred on the date stated above, at 11⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

General Pericarditis of Josane / Suetis 10-6-30
Cellulitis of neck - 3/15/32
Cause unknown

Name of operation Drainage of neck Date of March 16th 1932
What test confirmed diagnosis? Cerebral Was there an autopsy? 1932

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William McNamee M.D.
(Address) 5400 Arsenal

