

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.

42638

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. Jewish Hospital)

File No.
Registered No. 35
St. Ward)

2. FULL NAME

Julius Bates
(a) Residence, No. 5370 Pershing St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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 Jennie Black
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mfr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. raincoats
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Seelig Bates

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

MOTHER 15. MAIDEN NAME Johanna Samuel

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

17. INFORMANT (ADDRESS) Mrs. Julius Bates
5370 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Jan 2 1933

19. UNDERTAKER (ADDRESS) Mayer
4386 Lindell Blvd

20. FILED JAN - 2 1933
May C. Pardey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec - 10 - 1932, to Dec - 31 1932

I last saw him alive on Dec - 31 1932. Death is said to have occurred on the date stated above, at 8:15 PM

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

Lobar Pneumonia
100
930
100
100
Other contributory causes of importance: Chronic Myocarditis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Dr. Maxime C. Traubert M. D.
(Address) 1610 Blvd 4000 Olvest

