

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **5014**, **Belvoir**) St. Ward)

File No. **15025**
Registered No. **4238**

2. FULL NAME

(a) Residence, No. **5014 Belvoir** St., **9** 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) **Mary Bates**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 1, 1875**

7. AGE YEARS **58** MONTHS **4** DAYS **25** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labour**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **George Bates**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Albi Stringfield**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mary Bates**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis** DATE **April 18, 1934**

19. UNDERTAKER (ADDRESS) **John P. Collins**

20. FILED **April 26, 1934** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 25, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 20, 1934**, to **April 25, 1934**
I last saw him alive on **April 25, 1934**. Death is said to have occurred on the date stated above, at **15 P.M.**

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

Broncho Pneumonia Date of onset **4/20 1934**

Other contributory causes of importance:
mitral insufficiency **2/10 1934**

Name of operation **none** 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) **Jay H. Leach** M. D.
(Address) **1332 North**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT 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.

