

AUG 18 1936

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

Do not use this space.

28087

1. PLACE OF DEATH

County.....

Registration District No. **791**File No. **6825**

Township.....

Primary Registration District No. **1003**

Registered No.

City **St. Louis mo** (No.)**Barnes Hospital**

St. Ward)

2. FULL NAME **William Sam La Gates**(a) Residence, No. **716 Mardell** St. **3** 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ida La Gates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 14, 1888**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

47

7

22

OCCUPATION

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

Real Estate

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

Salesman

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)Corinth
Greece

FATHER

13. NAME

Sam La Gates

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

Greece

MOTHER

15. MAIDEN NAME

Sophie Unknown

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

Greece

17. INFORMANT **Ida La Gates**
(ADDRESS) **716 Mardell Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **SS. Peter & Paul** DATE **July 9, 1936**19. UNDERTAKER **Witt Bros.**
(ADDRESS) **2929 S. Jefferson Av.**20. FILED **JUL 7 1936****J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7 - 6 - 1936**

22. I HEREBY CERTIFY, That I attended deceased from

7 - 1 - 1936, to 7 - 6 - 1936I last saw him alive on **7 - 6 - 1936** Death is saidto have occurred on the date stated above, at **2300 m.**

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

Aluekemic leukemia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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 **Sydney B. Maughn**, M. D.(Signed) **Sydney B. Maughn**, M. D.(Address) **J. F. Bredeck**

Registrar.

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.

