

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

2691
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
 (b) Township Union Primary Registration District No. 4180 Registered No.
 (c) City St. Union (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Searl W. Bates 320
 (a) Residence, No. 111 Roosevelt St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1908</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>lab. tech</u>	
	9. Industry or business in which work was done, as 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) <u>St. Louis mo</u>		
FATHER	13. NAME <u>James Bates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Carrie Merk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>James Bates 3211 West av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial Park 11-16 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Zieglerheim Bro 2643 Cherokee St</u>		
20. FILED <u>11-13 1937</u> <u>JR Marshall</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1937 to 11-13 1937
 I last saw her alive on 11-12 1937. Death is said to have occurred on the date stated above, at 3:28 m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis 1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? No
 If so, specify _____
 (Signed) JR Marshall M. D.
Union, Mo
 269 (Address)

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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed: *Juddie A. Ziegenhagen*
Licensed Embalmer No. *2270*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)