

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34065

State File No. \_\_\_\_\_

8762

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Romer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **40 yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **John B. Bates**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Bates** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **May 12, 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>82</b>	<b>5</b>	<b>10</b>	<b>hr.</b>	<b>min</b>

9. Birthplace **Alton** **1** **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed** **9**

11. Industry or business **9**

12. Name **Sam Bates** **9**

13. Birthplace **Unknown** **10/11/10**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary (Unknown)** **8**

15. Birthplace **Unknown** **10/11/10**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Bates Johnson**

(b) Address **2709 Highland St., Indianapolis, Ind.**

17. (a) **Burial** (b) Date thereof **10/24/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **E. St. Louis (Ill)**

18. (a) Signature of funeral director **E. M. C. Green**

(b) Address **2517 Laclede Ave**

19. (a) **OCT 24 1940** (b) **J. B. B. B.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4125 W. Bell Pl.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22**  
year **1940** hour **10** minute **20** P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of neck of left femur sustained when he was run over by fire truck on Phillips place in front of about 9:32 hrs. Sat. Oct. 2, 1940**  
Other condition **Other condition**  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Oct 2, 1940**  
(c) Where did injury occur? **St. Louis, Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**  
(Specify type of place)  
While at work? **no** Means of injury **fall**  
23. Signature **W. H. Perry** (M. D. or other)  
Address **St. Louis, Mo** Date signed **10/24/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

**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.)**

**If this body is not embalmed, fact should be so stated above.**