DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29707

Primary Registration District No. 1003

Registrar's No. 7045

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

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: 904a Penrose Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 9 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 904 a Penrose St. 9
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED C. BATES,

3. (b) If veteran, name war None.

3. (c) Social Security No. 490-01-5099

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 14, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	15	hr. min.

9. Birthplace Minn. / (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Sligo Iron Co.

FATHER
12. Name Charles A. Bates.
13. Birthplace Batavia N.Y. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriett Southworth.
15. Birthplace Ogdensburg N.Y / (City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Bates.
(b) Address 904 Penrose St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) SEP 1 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 20, 1941, to Aug 29th, 1941; that I last saw him alive on 8/29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition — Duration 3 wks

Due to Gastric Cancer

Due to

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature R. L. Boyd (M. D. or other) 0
Address 4901 N. Broadway Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William G. Buchh

Licensed Embalmer No. 2110

P. O. Address St. Louis,

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

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