

FILED NOV 24 1941
791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2615 GAMBLE ST. 1
(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 40 YEARS
years, months or days)

3. (a) PRINT FULL NAME AMANDA BATES

3. (b) If veteran, name war XX 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEURO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JULIUS BATES 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased (Month) DEQ (Day) 4 (Year) 1888

8. AGE: Years 55 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace HELENA (City, town, or county) ARK. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SELF

12. Name RANDY JEFFERSON

13. Birthplace DONT KNOW (City, town, or county) DONT KNOW (State or foreign country)

14. Maiden name 41 BOBIE JOHNSON

15. Birthplace DONT KNOW (City, town, or county) DONT KNOW (State or foreign country)

16. (a) Informant's own signature Julius Bates

(b) Address 2615 Gamble St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 27 41 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director Elmer E. Polts

(b) Address 3030 B. Ave.

19. (a) OCT 27 1941 (Date received local registration) (b) J. J. Brudok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2615 GAMBLE ST. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21 year 1941 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 1941, to 10 20, 1941, that I last saw her alive on 10 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to hypertensive heart disease

Due to hypertension

Other conditions (Include pregnancy within 3 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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. H. Stacker (M. D. or other)

Address 809 E. Jefferson Date signed 10/21/41

Duration 15 hours

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2514*

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, above space should be left blank.