. S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 7 Sep

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3430

Primary Registration District No. 200

Registrar's No. 241

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 6 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 1/22/42 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17

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

(d) Street No.: 2622-a South Jefferson Avenue (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME: Davis E. BATES

3. (b) If veteran, name war: World War 1918

3. (c) Social Security No. 493-09-8387

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Josie

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

7. Birth date of deceased: July (Month) 1, (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	28	hr. min.

9. Birthplace: Laurel, (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Albert Bates

FATHER

12. Name: Mississippi

13. Birthplace: Rio Bates Davis (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Mississippi

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

16. (a) Informant: M. Schulley

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Peetz Brothers

(b) Address: 3029 Lafayette Ave

19. (a) JAN 30 1942 (Date received local registrar) (b) C. G. McGavren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th, year 1942 hour 9:15 minute a. M.

21. I hereby certify that I attended the deceased from January 22, 1942 to January 29, 1942; that I last saw him alive on January 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma, left cervical region, advanced.	unkn.
Due to: -	
Due to: -	
Other conditions: none. (Include pregnancy within 3 months of death)	

Major findings: Of operations: -

Of autopsy: No 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): no

(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: L. M. COCHRAN, M.D., (M.D. or other)

Address: Chief Medical Officer. Date signed 1/29/42

(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 Frank D. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.