

FILED APR 20 1942  
791

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 3264

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:  
3211 VISTA AV.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

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..... 3211 VISTA AV.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... CARRIE BATES

3. (b) If veteran, name war..... NO.

3. (c) Social Security No..... NO.

4. Sex..... FEMALE

5. Color or race..... WHITE

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

6. (b) Name of husband or wife..... JAMES BATES

6. (c) Age of husband or wife if alive..... 43 years

7. Birth date of deceased..... APRIL 5 1896  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 10  
year..... 1942 hour..... 6 minute..... A. M.

21. I hereby certify that I attended the deceased from..... Feb. 18 19..... 42 to..... 4/10 19..... 42  
that I last saw h..... 4/8 alive on..... 4/8 19..... 42  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>-</u>	<u>5</u>	hr..... min.....

Immediate cause of death.....  
Chronic Myocarditis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)  
Hypertension

9. Birthplace..... OWENSVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation..... HOUSEKEEPER.

11. Industry or business..... OWN

12. Name..... Philip MERK

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

14. Maiden name..... CHARLOTTE BRINKMAN

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant..... James Bates  
(b) Address..... 3211 Vista Av.

17. (a) BURIAL (Burial, cremation, or removal)  
(b) Date thereof..... APRIL 13 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation..... SUNSET BURIAL PARK.

18. (a) Signature of funeral director..... E. J. Schmur.  
(b) Address..... 3125 Lafayette St. St. Louis

19. (a) APR 12 1942 (Date of registration)  
J. F. Brecken (Registrar's signature)

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)

23. Signature..... Dr. C. Parker (M. D. or other)  
Address..... 2157 1/2 Park St. Date signed..... 7/11/42

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

700  
17  
9

**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.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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.**