

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:
4144 St. Louis Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **None**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Mary M. Bates**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife..... **Ramsey G. Bates** 6. (c) Age of husband or wife if alive..... **40** years

7. Birth date of deceased..... **March 27, 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 9 10 hr. min.

9. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

12. Name..... **William Flood**

13. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Clara Rasberry**

15. Birthplace..... **Unknown Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Ramsey G. Bates**

(b) Address..... **4144 St. Louis Ave**

17. (a) **Burial** (b) Date thereof..... **1/10/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**

(b) Address..... **2161 East Fair Ave**

19. (a) **JAN 9 1945** (b) *[Signature]*
(Date received local registrar) (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. **4144 St. Louis Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Jan.** day..... **6th**
year..... **1945** hour..... **7:30 PM** minute..... M.

21. I hereby certify that I attended the deceased from.....
Jan 14 19**44** to **Jan 5** 19**45**
that I last saw her... alive on **Jan 5** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **General carcinomatosis** 1 year

Due to..... **Breast cancer**

Due to..... **50**

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

Major findings: **Breast cancer**
Of operations..... **operation performed by another physician**
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?

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

23. Signature..... *[Signature]* (Physician, D. or other)
Address..... **537 N. Grand St. Louis** Date signed..... **1-9-45**

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 *Willard G Burnley*
Licensed Embalmer No. *42036*
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.