

FILED JAN 16 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 63

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:
2136 Spruce Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
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. 2136 Spruce Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julius Gates

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 10, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	4	23	hr. _____ min.

9. Birthplace Winaploma Miss. #
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (State or foreign country)

16. (a) Informant Mary Bell Hill
 (b) Address 2136 Spruce St.

17. (a) Burial (b) Date thereof Jan. 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
 (b) Address 2629-31 Cole Street

19. (a) JAN 4 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 2 day _____
 year 1945 hour 7 AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10 - 1944 to Jan 2 1945
 that I last saw him alive on Jan 1st 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to _____

Due to _____
 Other conditions 83
(include pregnancy within 3 months of death)

Major findings: Of operations no
 Of autopsy no
 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) (Means of injury)
 23. Signature J. F. Brudick (M. D. or other) _____
 Address 2601 E. Jackson Date signed 1/2/45

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

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..... *H. Claude Gordon*

Licensed Embalmer No..... *3487*

P. O. Address..... *4575 Alhambra*

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.