

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 15 E 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME ERNEST F. BATES
(b) If veteran, unknown name war. (c) Social Security No. 492-26-3713

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced
(b) Name of husband or wife unknown (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years app 70 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sebbeto's Fun. Home
(b) Address K. C. Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem. A.C.

18. (a) Signature of funeral director Sebbeto's
(b) Address 901 E 5th

19. (a) 5-21-45 (Date received local registrar) (b) Thereldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 15 E 6th (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 14 year 45 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 27, 1945, to May 14, 1945
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary embolus
Due to Trauma of back & chest
freight train collided
Due to with stationary dining car.
Other conditions 109-8
(Include pregnancy within 3 months of death) 30

Physician
Major findings:
Of operations _____
Of autopsy _____
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) Accident 058
(b) Date of occurrence March 16 - 1945
(c) Where did injury occur? Junction City, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad yard (Specify type of place)
While at work? yes (e) Means of injury Collision

23. Signature Thereldine Holmes (M. D. or other) Address 927 Argyle Bldg. K.C. Mo. Date signed 5/24/45

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.....

Ray E. Snow

Licensed Embalmer No.....

2560

P. O. Address.....

1567th

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.