

FILED NOV 17 1945

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2534

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural - Meramec Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 near Highway B.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
73 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Highway B.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. BATES

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

4. Sex Male 5. Color White 6. (a) Single, Married, divorced, Married
6. (b) Name of husband or wife Katherine Bessy Bates 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan - 10 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name John Bates

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

14. Maiden name Hattie Harmon

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

16. (a) Informant Mrs. Katherine Bates

(b) Address Bluevac, Mo.

17. (a) Burial (b) Date thereof Nov-5-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluevac Catholic Cem

18. (a) Signature of funeral director Bladen Funeral Home

(b) Address Ballwin, Mo.

19. (a) 11-5-45 (b) E. S. McSweeney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1945 hour 2 minute 0-P. M.

21. I hereby certify that I attended the deceased from Jan 23 1945 to Mar 2 1945

that I last saw him alive on Sept 21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 6 yrs.

Due to _____ 93d

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
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 A. Dickman (M. D. or other) MD
Address Essex, Mo. Date signed 11-3-45

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

MOTHER FATHER

96
0
0

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: *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Dallwin, 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.