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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35123

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10568

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: 121 S. Leonard
(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 17

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 121 S. Leonard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carrie Cates

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem 3

5. Color or race Col

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

6. (b) Name of husband or wife Grant Cates

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 11, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	10	20	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Stewart
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Nevada Cisco
15. Birthplace (City, town, or county) Ark (State or foreign country)

16. (a) Informant Naomi Robinson
(b) Address 2343 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave

19. (a) DEC 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1, year 1945 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from Nov. 29th, 1945, to Dec 1, 1945; that I last saw her alive on Nov 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. S. Jaques (M. D. or other)

Address 30 2nd S. Jefferson Date signed 12/4/45

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed R. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Seclede 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.