

FILED JUL 22 1946 **STANDARD CERTIFICATE OF DEATH**

24894 /

State File No. _____

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1176

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 St. Louis 76
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 774 Harvard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rudolph Gates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11
year 1946 hour 11:30 minute P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fannie Gates 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 18 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1946 to July 11 1946
that I last saw him in alive on July 11 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 3 25 hr. _____ min.

Immediate cause of death: Cardiac failure Duration 1 day
Due to Chr. myocarditis

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Due to 93-d
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Retired Merchant

11. Industry or business Office Fixtures

12. Name Unknown

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Gates

(b) Address 601 Westgate

17. (a) Cremation (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director H. Knudsen

(b) Address 5216 Delmar Blvd.

19. (a) 7-13-46 (b) R. M. Harrison MD
(Date received local registrar) (Registrar's signature)

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 Ch. Denny (M. D. or other) MD

Address: Crave Coeur, Mo Date signed 7-12-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 22 1946

AUG 8 1946

AUG 22 1946

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 John Ketterer
Licensed Embalmer No. 3880
P. O. Address.....

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.