

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

388365
State File No. _____
Registrar's No. **9625**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Armour Desloge Hosp
(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 Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1973 Temple
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Bates
3. (b) If veteran, no name war _____
3. (c) Social Security 49205-9680

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emilie 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept 10 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Buffalo N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Black Pointer
11. Industry or business Practical Lockpointing

MOTHER FATHER
12. Name Wm
13. Birthplace Wm 9
(City, town, or county) (State or foreign country)
14. Maiden name Wm
15. Birthplace Wm 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emilie Bates
(b) Address 1973 Temple

17. (a) Burial Union Burial (b) Date thereof 11-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director J. F. Stuart
(b) Address 1225 Union Blvd
19. (a) NOV 12 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 10
year 1946 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Nov 10, 1946.
that I last saw him alive on 11/10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mo

Due to _____
Due to _____

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

Major findings: Carcinoma of stomach
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) (c) Means of injury _____
23. Signature Thomas J. Harbo (M. D. or other) M.P.
Address 4500 Olive Date signed 11/14/46

Mr. Brammer
Winter Bldg.
4500 Olive

X

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.