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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 28 1948
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24084
6450

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. _____

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community 80 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4428 Strodtman Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. THERESA BATES
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Patrick Bates
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 5, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 15 hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
12. Name John Brockmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dina Papa
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretto Platt
(b) Address 4428 Strodtman Place

17. (a) Burial (b) Date thereof 7-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. Atlock
(b) Address 2217 E. Grand Blvd

19. (a) JUL 21 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20th
year 1948 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from July 2nd
1948 to July 20th 1948
that I last saw her alive on July 20th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arterio Sclerosis
Due to 121
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
Of autopsy Arterio-sclerosis myocarditis
cholelithiasis atrophy left kidney

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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)
(a) Means of injury _____
Signature J. F. Galligher M.D. (M. D. or other)
Address 3903 Blue Date signed 7/21/48

Duration 6 months
8 years
PHYSICIAN _____
Underline the cause to which death would be charged statistically.

RECORDING 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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address. *2117 E. 1st*

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.