

National Office of Vital Statistics
FILED JUL 28 1948

State File No.....

Registration District No..... 318

Primary Registration District No..... 1003

Registrar's No..... 6328

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..... **Jewish Hospital**
 (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)

3. (a) PRINT

FULL NAME..... **William Bates**
 3. (b) If veteran, name war..... **none**
 3. (c) Social Security No..... **unknown**

4. Sex..... **Male**
 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Rosa**
 6. (c) Age of husband or wife if alive..... **64** years
 7. Birth date of deceased..... **April 20 1879**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6-69 **2** **26** hr. min.

9. Birthplace..... **Dillard Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Inspector**

11. Industry or business..... **McQuay-Norris**

12. Name..... **Wm. O. Bates**

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

14. Maiden name..... **Martha E. Missey**

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

16. (a) Informant..... **Mrs. Rosa Bates**

(b) Address..... **4533a Forest Park**

17. (a) **Burial** (b) Date thereof **7-18-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Desloge, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **JUL 16 1948** (b) **J. F. Braddock**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **How**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street..... **4533a Forest Park Bl.**
 (If rural, give location)
 (e) Citizen of foreign country?..... **19** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
 year **1948** hour **5** minute **45** P. M.

21. I hereby certify that I attended the deceased from **July 16 1948**
 that I last saw him alive on **July 16 1948**
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **Uremia - encephalomalacia / mm**

Due to..... **arterio sclerosis**

Due to.....

Other conditions..... **03**
 (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... **M. Norman Ogel** (M. D. or other) **M. D.**

Address..... **508 So. Grand, St. Louis** Date signed **7/16/48**

MOTHER FATHER

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 _____

Licensed Embalmer No. _____

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.