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FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26569  
Registrar's No. 27

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185

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

1. PLACE OF DEATH a. COUNTY <i>St. Charles</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Charles</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>36</i>	
c. LENGTH OF STAY (in this place) <i>18 years</i>		d. STREET ADDRESS (If rural, give location) <i>000</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>H.</i> c. (Last) <i>Bates</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4 30 49</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 17, 1872</i>	9. AGE (In years last birthday) <i>76</i>	10. IF UNDER 1 YEAR Months <i>10</i> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Thomas Bates</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Harris</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Thomas Bates (son)</i> ADDRESS <i>625 E. Miller, St. Louis, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES			
		DUE TO (b) <i>Septicemia</i>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		<i>Hypertension</i>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *5-11-1949* to *Apr 30, 1949* that I last saw the deceased alive on *Apr 29, 1949* and that death occurred at *12* m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree & title) _____		23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED <i>4/30/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/5 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	
		24d. LOCATION (City, town, or county) <i>St. Louis</i>		(State) <i>Mo.</i>	

DATE REC'D BY LOCAL REG <i>7-10-1949</i>		REGISTRAR'S SIGNATURE <i>E.S. Worthington</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John St. Neuhill</i> ADDRESS <i>408 S. ...</i>	
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RECEIVED  
AUG 4 1949  
District Health Officer No. 9,  
District File Number

AUG 26 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*[Handwritten Signature]*  
Licensed Embalmer No. 4441  
P. O. Address 3829 Washington

Signed.....  
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.