

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42148**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11041**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 11 mons.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 18 1/2 Franklin Ave.		2259	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) c. (Last) ATES		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 3, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 24th 1892
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 1 WEEK Hours 9 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Shipping	11. BIRTHPLACE (City and State or Foreign Country) Scott Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Columbus Ates	13b. MOTHER'S MAIDEN NAME Matilda Niswonger	14. NAME OF HUSBAND OR WIFE Ernestine Ates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME James Ates, 342 East Glendale	ADDRESS Webster Groves, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 21 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Postal Embolism	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2040

22. I hereby certify that I attended the deceased from **5-26-54**, 19___, to **12-3-54**, 19___, that I last saw the deceased alive on **12-3-54**, 19___, and that death occurred at **2:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. Webster MD</i>	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 12-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-3-54	24c. NAME OF CEMETERY OR CREMATORY Niswonger Cemetery	24d. LOCATION (City, town, or county) (State) Millersville, Mo.
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DATE REC'D BY LOCAL REG. DEC 3 1954	REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. P. Burgess

Licensed Embalmer No. 40

P. O. Address Maple

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.