S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027115
State File No.

FILED JUL 24 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7060

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 4014 A Sullivan Ave

34 109

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT
b. (Middle)
c. (Last) KATES

4. DATE OF DEATH (Month) (Day) (Year) July 12 1958

5. SEX Male
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 7 1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months 3 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Little Rock Ark
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George Kates
13b. MOTHER'S MAIDEN NAME Emmeline Swift
14. NAME OF HUSBAND OR WIFE Louise Kates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 495-28-5868
17. INFORMANT'S SIGNATURE OR NAME Louise Kates **ADDRESS** 4014a Sullivan Ave

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) intestinal obstruction due to adhesions — INTERVAL BETWEEN ONSET AND DEATH: 6-11-58 to 7-12-58

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 — 570.5

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-13-58
19b. MAJOR FINDINGS OF OPERATION intestinal obstruction due to adhesions
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11-58 19__, to 7-12-, 19 58, that I last saw the deceased alive on 7-12-, 19 58, and that death occurred at 12 15 P.M. from the causes and on the date stated above.

23a. SIGNATURE Dorothy Bailey (Degree or title) MD
23b. ADDRESS 4107 Theatre Bldg
23c. DATE SIGNED 7-14-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7/18/58
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis, Co. Mo (State)

DATE REC'D BY LOCAL REG. JUL 16 '58
REGISTRAR'S SIGNATURE Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Jas H. Randle & Son **ADDRESS** 3133 Bell Ave

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 422

P. O. Address 3100 Easte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.