URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960

60-031857

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7750

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 34yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hospital #1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3307 Lucas Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LUVENIA Middle: Last: BATES
4. DATE OF DEATH: Month: Aug Day: 2 Year: 1960
5. SEX: Female
6. COLOR OR RACE: Col
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov 26-02
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months 8 Days 6
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Little Rock Ark
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Joseph Sanders
13b. MOTHER'S MAIDEN NAME: Lucy Hayden
14. NAME OF HUSBAND OR WIFE: George W. Bates
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.: 490-06-5143
17. INFORMANT: George W. Bates Address: 3307 Lucas Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c): 420.1
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title)
22b. ADDRESS: 1300 Clay
22c. DATE SIGNED: 8/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-8-1960
23c. NAME OF CEMETERY OR CREMATORY: National CEMETERY
23d. LOCATION (City, town, or county) (State): Jefferson Brks Mo

24. FUNERAL DIRECTOR: JAS H. RANDLE & SON ADDRESS: 3133 Bell Ave
25. DATE RECD. BY LOCAL REG.: AUG 5 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

NOT EMBALMED

Student_____
Signature of Student Embalmer

Signed Edward H. Rave

Licensed Embalmer No._____

P. O. Address 3133 Bell Ave.

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