MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32351

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9665

City St Louis Mo (No. City Hosp. ..... St. ..... Ward)

2. FULL NAME Charles Cates

(a) Residence. No. 5900 Nat Bridge St., 6 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	8	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labover
(b) General nature of industry, business, or establishment in which employed (or employer) Day
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Wm B. Cates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Lou Gaines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs D. F. Bell
(Address) 4116 McRee Ave

15. FILED OCT -1 1923 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Sept. 30, 1928 that I last saw him alive on Sept. 30, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Chronic Myocarditis
General Arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1290 2
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Refused
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edward Welbing, M. D
9/30, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem Mo — DATE OF BURIAL Oct. 1 1928

20. UNDERTAKER Wm Ambrister Mod Co. 4254 — ADDRESS Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.