

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30751

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. St. Johns Hospital)

File No.
 Registered No. 8427
 St. Ward)

2. FULL NAME

Marie Bates
 (a) Residence, No. 3725 Maffitt St., 11 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Bates
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1900
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
32 1 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 13. NAME William C A Schill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Augusta Fehrenbach
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Edward B Bates
3725 Maffitt
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Richera DATE Sp. 22 1932
 19. UNDERTAKER (ADDRESS) A. Kwon S. & M. Co.
2207 N. Grand Blvd
 20. FILED SEP 20 1932
W. C. FAWCETT
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1932
 22. I HEREBY CERTIFY, That I attended deceased from AUG 19 1932 to SEPT 19 1932
 I last saw h. e. r. alive on SEPT 19 1932 Death is said to have occurred on the date stated above, at 10:15a m.
 The principal cause of death and related causes of importance were as follows:
SPINAL MENINGITIS Simple Date of onset
771 (STAPHYLOCOCCUS) cause unknown
131 SA
Operation for Simple Meningitis
 Other contributory causes of importance: HEMORRHAGIC NEPHRITIS chronic
151
 Name of operation LAMINECTOMY Date of 8/31/32
 What test confirmed diagnosis? USUAL Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 1932
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. O. Munson M. D.
 (Address) 608 England

