DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27742

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7242

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days (Specify whether
In this community 47 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1340 Euclid
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Myrtle Bates 320

3. (b) If veteran, name war

3. (c) Social Security No. 494-10-4924

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joseph T. Evans

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept. 9, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	11	9	hr. min.

9. Birthplace Glencoe, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name John Bates
13. Birthplace Jefferson Co., Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hettie Harness
15. Birthplace Jefferson Co., Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kathryn Meyer
(b) Address Natural Bridge & Brown Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Allenton, Missouri

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) AUG 21 1939 (Date received local registrar) (b) J. F. Bradbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1939 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1939, to August 18, 1939; that I last saw her alive on August 18, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rectum D Peritonitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma Rectum Fibroid Uterus	
Of autopsy Peritonitis	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature John F. Flynn (M. D. or other)
Address City Hospital, 1515 Lafayette. Date signed 8/18/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....H. E. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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 this body is not embalmed, above space should be left blank.