

FEB 25 1941

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
(Specify whether years, months or days) 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1381 Belt Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary E. Bates

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 0 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business _____

MOTHER FATHER
12. Name Martin L. Bates
13. Birthplace _____ Ky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hamilton
15. Birthplace _____ Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cheney
(b) Address 940 Maple Ave.

17. (a) Burial (b) Date thereof 1/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director John H. ...
(b) JAN 7 1941 11 Washington Bl.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 25 1940 to Jan 5 1941
that I last saw her alive on Jan 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____
Due to _____
Due to _____
Other conditions Severely debility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature H. A. White (M. D. or other) M.D.
Address 1511 E Grand Date signed 1/6/41

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.

Reg. 117-39

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis, Mo*

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.