

FEB 25 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 749

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 7 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Otis Pates

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

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

7. Birth date of deceased April 30th, 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>8</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Bolton Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Scullins Steel Co.

12. Name Thomas Pates

13. Birthplace Hines County Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Frances Cox

15. Birthplace Hines County Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Pates

(b) Address 4339 Aldine Street

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Pates

(b) Address 4107-09 Finney Avenue

19. (a) Jan 23 1941 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4339 Aldine Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th,
year 1941 hour 10:30 minute p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia
pyelitis, right;
Due to acute dilatation of the heart

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Thomas J. Callan (M. D. or other) _____
Address 1300 Clark Avenue Date signed 1/27/41

STATEMENT BY LICENSED EMBALMER

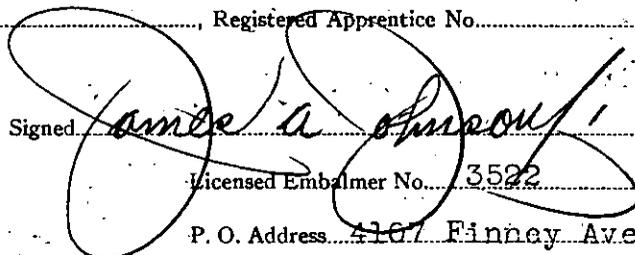
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Arthur Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4167 Finney Avenue

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, fact should be so stated above.