S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31712

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8372

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 109
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Dodier St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank A. Bates

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 18, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	19	hr. min.

9. Birthplace Unknown (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Shapleigh Hdw. Co.

FATHER
12. Name Charles Bates
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Harriett Southworth
15. Birthplace Unknown (City, town, or county) Vermont (State or foreign country)

16. (a) Informant Nellie Schinall
(b) Address 3215 Dodier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1942 hour 3:15 AM minute M.

21. I hereby certify that I attended the deceased from Aug 28. 42, 19 to Oct 7th 1942 that I last saw him alive on Oct 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Lever — Duration history 2 yrs.

Due to Alcoholism — Gastritis Chr. Ulcerative

Due to Chr. Coronary occlusion

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

Major findings:
Of operations no
Of autopsy yes.

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) no

(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 0

23. Signature Geo. A. Milliss (M. D. ~~or other~~)

Address 2739 N. Grand Date signed 10-8-42

(Licensed Embalmer's Statement on Reverse Side)

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.....F. A. Williamson

Licensed Embalmer No.....3565

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, fact should be so stated above.