

Registration District No.

Primary Registration District No.

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph Soulard Cates.

3. (b) If veteran, name war World War I 3. (c) Social Security No. 309-10-9032

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

6. (b) Name of husband or wife Henrietta Davis Cates. 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 2nd 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman;
11. Industry or business United Rubber Co.

MOTHER FATHER
12. Name John Mullanphy Cates.
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth LaMotte.
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta D. Cates.
(b) Address # 10 Beverly Place.

17. (a) Buried (b) Date thereof 9/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) SEP 26 1944 (b) J. F. Bredeck
(Date received local health dept.) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County _____
(c) City or town South Bend.
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location) NR.
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 25 day _____
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 13, 1944, to Sept. 25, 1944
that I last saw him alive on Sept. 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days
Due to Cerebrum of lung 6 hrs
bronchogenic - r/l lobe

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Cav. of lung - bronchopneumonia
metastases to liver, adrenal
kidney, spine & ribs
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 J. W. Hickey (M. D. or other)
Address 901 Beaumont Bldg. Date signed 9-25-44

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

OCT 30 1944

3720 Washington
JE-4515
1 to 5:30 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.