

**FILED** MAR 30 1946  
Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **2777**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2620 Cole St  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anthony Bates

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

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

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

7. Birth date of deceased Feb 14 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months # Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lewisburg TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation Had GARRIET

11. Industry or business \_\_\_\_\_

12. Name UNK.  
13. Birthplace UNK. TN  
(City, town, or county) (State or foreign country)

14. Maiden name JULIA HAYES  
15. Birthplace UNK. TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant MAMIE BATES

(b) Address 2620 Cole, St

17. (a) BURIAL (b) Date thereof MAR 25, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Ind Co

(b) Address 2931 Lucas Ave

19. (a) MAR 25 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1946 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Mar. 5, 1946, to March 20, 1946,  
that I last saw him alive on Mar. 20, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Lobar Pneumonia Duration Unk

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Senile Psychosis 108 Unk  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 A. J. Carwin (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whites Date signed 3/22/46

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

MOTHER FATHER

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**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 Buelson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas

**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.**

Registration District No. *318*

Primary Registration District No. *1003*

Registrar's No. *2777*

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:  
(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 *Anthony Bates*

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

4. Sex *m* 5. Color or race *B* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Mamie* 6. (c) Age of husband or wife if alive *64* years

7. Birth date of deceased *Feb 14* (Month) (Day) (Year)

8. AGE: Years *73* Months Days If less than one day ..hr. ..min.

9. Birthplace *Jeun* (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) *J. F. Brice* (Registrar's signature) *1946*

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* 19*46* year *1946* hour *12* minute *0* M.

21. I hereby certify that I attended the deceased from *1946* to *1946*; that I last saw him *alive* on *May 12* and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER, FATHER

SUPPLEMENTARY

APR 6 1946

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