

S. No. 2
OM-543
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21515**
Registrar's No. **5083**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(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 Phillips 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 119
(d) Street No. 1827a N. Taylor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED BATEMAN
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced -- 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 31 1936
(Month) (Day) (Year)

8. AGE: Years 9 Months 7 Days 3
If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business --
12. Name James Bateman
13. Birthplace Texarkana
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Officer
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Bateman
(b) Address 4540 Cote Brillante Ave.
17. (a) Burial (b) Date thereof 6-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

* (c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 1107 Finney Ave.
19. (a) JUN 6 1946 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 4th
year 1946 hour 6 minute 25 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning and burn about the body
caused by an explosion from a defective furnace and
defective chimney above
12:47 A.M. June 3 1946
Damage Paid by \$500.00
Insurance 100%
(Include pregnancy within 3 months of death)

Major findings of autopsy Chronic Coronary Arteriosclerosis
of Aorta & Joints
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) Premature Carbon
(b) Date of occurrence June 4 1946
(c) Where did injury occur? Home
(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 6 abs - 0
23. Signature Dr. Alfred J. Perry (M. D. or other) 6-6-46
Address 1300 Clark Ave. Date signed _____

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

20504

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thomas J. Gates

..... Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney Ave.....

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.