

S. No. 2  
M-5-43  
7. 5-17-39  
P I X36671

FILED OCT 31 1946  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
St. Mary's Infirmary 0  
(d) Length of stay: In hospital or institution..... 6 days  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(d) Street No..... 3871 West Belle  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME..... EDNA BATES  
3. (b) If veteran, name war..... No  
3. (c) Social Security No..... None

4. Sex..... Female 5. Color or race..... Col.  
6. (a) Single, widowed, married, divorced..... Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... August 23, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 0 26 hr. min.

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

10. Usual occupation..... House work

11. Industry or business..... At home

12. Name..... Lafayette Bates

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

14. Maiden name..... Ellen Hunter  
15. Birthplace..... DuQuoin, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Julia B. Farrell  
(b) Address..... 1023 N. 3rd St.

17. (a) Removal (Burial, cremation, or removal).....  
(b) Date thereof..... 9-24-46  
(c) Place: burial or cremation..... E. St. Louis 99-Booker Washington Cem.

18. (a) Signature of funeral director..... J. Nash  
(b) Address..... 3847 Page Blvd.

19. (a) SEP 24 1946 (Date received local certificate)  
J. T. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... September 19  
year..... 1946 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from 9/11/46  
to 9-17-46  
that I last saw her alive on 9-17-46  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Toxemia & Septicemia  
Due to..... Intestinal Obstruction  
Due to Volvulus of Intestines

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

Major findings: Intestinal Obstruction  
Of operations.....  
Of autopsy.....  
PHYSICIAN

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
(c) Means of injury.....  
23. Signature..... Edgar F. Workman (M. D. or other)  
Address..... 938 N 2nd St  
Date signed..... 9/20/46

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.....

Claudia M. Nash....., Registered Apprentice No. 424  
working under my personal supervision.

Signed C. J. Nash.....

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page.....

**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.