

S. No. 2
M-5-43
. 5-17-39
p 1 X36871

FILED SEP 24 1946

Registration District No. _____ Primary Registration District **1003**

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5827 Etzel Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Bates

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 9, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10th year 1946 hour 8 minute 15 AM.
 21. I hereby certify that I attended the deceased from 9-4-46 to 9-10 1946, that I last saw him alive on 9-10 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchical Pneumonia Primary Duration 5da

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Lee Bates

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

14. Maiden name Wilhelmina Roth

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

16. (a) Informant Lee Bates
 (b) Address 5827 Etzel Avenue

17. (a) Burial (b) Date thereof 9-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Marys, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301 Lafayette Avenue

19. (a) SEP 10 1946 (b) J. S. Prebeck
(Date received local registrar) (Registrar's signature)

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) _____
 Means of injury _____

23. Signature J. S. Prebeck Date signed 9/10/46
 Address H930 Lindell Blvd
 St. Louis, Mo

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..... *C W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette 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.