FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32309

State File No. 91170

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 HOURS (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town SAINT LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 2611 NATURAL BRIDGE BOULEVARD 9 (If rural, give location) 20
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. DOYLE E. BATES
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH 27th, 1916 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	6	5	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation FIREMAN
11. Industry or business TERMINAL RAILROAD COMPANY
FATHER
12. Name DESMOND BATES
13. Birthplace FLINT, MICHIGAN 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name HATTIE AKINS
15. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant MRS. HATTIE BATES
(b) Address 2611 NATURAL BRIDGE BOULEVARD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) OCT 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 2nd, year 1947 hour 10 minute 45 A.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: Intracranial hemorrhage from Gun Shot wound of skull left temporal and Stomach with bullet lodged in the brain of one Ulysses Simpson Grant Thompson during a celebration held Doyle Bates and Charles Kobler in front of apartment 1320 St Louis Ave at 10 a.m. Oct. 2nd 1947 — Duration
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autops. 167

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Oct 2 1947
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, an farm, in industrial place, in public place? Fifteenth Street (Specify type of place)
While at work? Means of injury Gun 3
23. Signed Patrick E Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 10-3-47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.