V. S. No. 300
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Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18257

Registrar's No. ~~12904~~

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9702 Perrin
(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)

2. USUAL RESIDENCE OF DECEASED: 1334.

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 9702 Perrin
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME William E. Bates

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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 June (Month) 16 (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
24	11	5	____ hr. ____ min.

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

10. Usual occupation Student

11. Industry or business ____

FATHER
12. Name Leslie Bates
13. Birthplace Ironton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mable Hall
15. Birthplace Ironton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leslie Bates
(b) Address Ironton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 5-22-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 21 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 18, 1948, to May 20, 1948, that I last saw him alive on May 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Cyk Pulmonary Tuberculosis

Due to 15

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

Major findings:
Of operations ____
Of autopsy ____

Duration

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature H. G. Moore (M. D. or other)

Address 917-50 Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

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.