S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30829

Registrar's No. 8424

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:
Deaconess 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 10 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 217 Gilbert
(If rural, give location)

(e) Citizen of foreign country? N.R. No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bates, Alice D.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James C.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 9 (Month) 1884 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	17	hr. min.

9. Birthplace Burnside, La. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Clay Braud
13. Birthplace Ibberville Parish, La. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mamie Donaldson
15. Birthplace Thibodeaux, La. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Henry B. Bates
(b) Address St. Louis County, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pfitzinger
(b) Address Kirkwood, 22, Mo.

19. (a) SEP 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-015, 1948, to 5-26-, 1948
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple carcinomatosis abdominal	6 mos.
Due to: Primary carcinoma, both ovaries	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: multiple abdominal carcinomatosis	
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)
(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 Robert K. Kurth (M. D. or other) M.D.
Address 337 W. Lockwood, Webster Groves, Mo. Date signed 9/27/48

(Licensed Embalmer's Statement on Reverse Side) R.K. KURTH

1111 2 19[redacted]

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 M Meyer

Licensed Embalmer No. 3788

P. O. Address Kirkwood Mo

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.