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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37848
Registrar's No. 10433

FILED DEC 1 1 1948 318
Registration District No.
Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County: St. Louis Co.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 5 No. 21 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 6 5
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4 5 No. 21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Viney Bates
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Fem
5. Color or race: Negro
6. (a) Single, married, widowed, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased (Month) (Day) (Year): Oct 1900
8. AGE: Years: 48 Months: Days: If less than one day hr. min.
9. Birthplace (City, town, or county): Miss (State or foreign country): 1
10. Usual occupation: Mid
11. Industry or business: Mid
FATHER 12. Name: Mid
FATHER 13. Birthplace (City, town, or county) (State or foreign country): 9
MOTHER 14. Maiden name: Mid
MOTHER 15. Birthplace (City, town, or county) (State or foreign country): 1
16. (a) Informant: Thos. J. Gallagher
(b) Address: 4600 Gravois
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year): NOV 30 1948
(c) Place: burial or cremation: Anatomical Board
18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester Ave.
19. (a) NOV 30 1948 (Date received by registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hepatitis
Due to: Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 1 21
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: (M. D. or other)
Address: Date signed 11/30/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.