

No. 300  
M-10-47  
5-17-39  
WI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42022  
2886  
Registrar's No.

Registration District No. 317

Primary Registration District No. 2062

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7310 Melrose Ave.  
(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)

3: (a) PRINT FULL NAME Julia Bates  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Bates 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 15 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Frederick Knemiller  
13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Ameling  
15. Birthplace Unknown m  
(City, town, or county) (State or foreign country)

16: (a) Informant Lola Hercules  
(b) Address 7310 Melrose Ave.  
17. (a) Burial (b) Date thereof 12-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director T. E. Pitman  
(b) Address Wentzville, Missouri.  
19. (a) 12-15-48 Arthur C. Stirling  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7310 Melrose Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 14  
year 1948 hour 9 minute 40 A. M.  
21. I hereby certify that I attended the deceased from Oct 15, 1948, to Dec 14, 1948  
that I last saw her alive on Dec 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic)  
Duration \_\_\_\_\_

Due to 93d  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0  
23. Signature C. E. Stirling (M. D. or other MD)  
Address 2050 North & South Rd Date signed 12 Dec 48

St Louis 14 MO

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**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 Ray W. Wilkerson

Licensed Embalmer No. 3575

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.**