

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2540
306

| | | | | | | | |
|---|---------------------------|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 16 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4673 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital | | | | d. STREET ADDRESS (If rural, give location) Bethesda-Dilworth Home | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HATTIE | | | b. (Middle) B. | | c. (Last) GATES | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan. 12, 1863 | 9. AGE (In years last birthday) 87 | 10. MONTHS 11 | 11. DAYS 27 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | | 11. BIRTHPLACE (State or foreign country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John Bowlby | | | 13b. MOTHER'S MAIDEN NAME Henrietta Beyer | | 14. NAME OF HUSBAND OR WIFE Wilson S. Gates | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elvin R. Gates, Brentwood, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH years year | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H2B 1- | | | |
| 22. I hereby certify that I attended the deceased from 12/24, 1950, to 1/9, 1951, that I last saw the deceased alive on 1/9, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Sam F. Beaman (Degree or title) M.D. | | | | 23b. ADDRESS 3720 Washington | | 23c. DATE SIGNED 1/10/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/12/51 | | 24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery | | 24d. LOCATION (City, town, or county) (State) Manchester, Mo. | |
| DATE REC'D BY LOCAL REG. JAN 12 1951 | | REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

908

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Felix Demand*

Licensed Embalmer No. *3034*

P. O. Address. *Kutwood 227m*

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.