

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24248
State File No. _____
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5924

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5924	
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4133 North 2nd St.				d. STREET ADDRESS (If rural, give location) 4133 North 2nd St.			
3. NAME OF DECEASED (Type or Print) a. (First) Margarette		b. (Middle) Vidella		c. (Last) Bates		4. DATE OF DEATH (Month) (Day) (Year) June 26 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-25-1921	9. AGE (In years last birthday) 33	10. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Connorsville, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Connorsville, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lossie Byrd		13b. MOTHER'S MAIDEN NAME Margaret Rowland		14. NAME OF HUSBAND OR WIFE Richard E. Bates			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NUMBER 485-24-2808		17. INFORMANT'S SIGNATURE OR NAME Richard E. Bates ADDRESS 4133 N. 2nd St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gunshot wound of heart, self-inflicted in room of house, 4133 a near North 2nd Street. Exact time not known, June 26, 1954 II. OTHER SIGNIFICANT CONDITIONS (b) Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 26 54 3 m.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 26 54 3 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 976 X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 1300 Clouscar		23c. DATE SIGNED 7/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-1-54	24c. NAME OF CEMETERY OR CREMATORY Rockville Cems		24d. LOCATION (City, town, or county) (State) Rockville Ind		
DATE REC'D BY LOCAL REG. JUL 1 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Guy Muller		ADDRESS 5041 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward G. Lehman

Licensed Embalmer No. 4567

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.