

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44245**
Registrar's No. **2895**

| | | | | | | | |
|--|-------------------------------|---|---|--|--|--|-----------------------|
| BIRTH NO. | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 547 | | Registrar's No. 2895 | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 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 RICHMOND HEIGHTS | | c. LENGTH OF STAY (in this place) 4 WEEKS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD #653 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 10341 MANCHESTER RD. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) CLEOPHUS | | c. (Last) BATES | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 15 1954 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAR. 11, 1885 | | 9. AGE (In years last birthday) 69 | if UNDER 1 YEAR Months | if UNDER 2 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME MICHAEL SULLIVAN | | 13b. MOTHER'S MAIDEN NAME MARGARET DOOLEY | | 14. NAME OF HUSBAND OR WIFE JOSEPH EDW. BATES | | | |
| 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. 488-70-5135A | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET SCHEWE 1099 S. GEYER | | | |
| 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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 4200 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Aug 1946 , to Dec 1954 , that I last saw the deceased alive on Dec. 15, 1954 , and that death occurred at 6:55 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Wm. C. Macdonald M.D. | | | | 23b. ADDRESS 539 N. Grand | | 23c. DATE SIGNED 12-16-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 17-18-54 | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO. | | |
| DATE REC'D BY LOCAL REG. 12/16/54 | | REGISTRAR'S SIGNATURE Heather R. Amberg | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME | | WEBSTER GROVES, MO. | |

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

400 5
0

0

Leo Bates

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 John S. Kennedy

Licensed Embalmer No. 41948

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.