

r. Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045401

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11719

FILED DEC 22 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>4115^c Enright Aptz</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>NADINE</i> Middle <i>CLARA</i> Last <i>BATES</i>			4. DATE OF DEATH Month <i>DECEMBER</i> Day <i>3</i> Year <i>1958</i>		
5. SEX <i>Fem.³</i>	6. COLOR OR RACE <i>C.o.l.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-2-1910</i>		9. AGE (In years last birthday) <i>48</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unemployed</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Luther David Bates</i>		13b. MOTHER'S MAIDEN NAME <i>Clara Lewis</i>		14. NAME OF HUSBAND OR WIFE <i>Bartmer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Marthenia Johnson</i> Address <i>Bartmer</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CEREBRAL VASCULAR ACCIDENT</i>					INTERVAL BETWEEN ONSET AND DEATH <i>24- HOURS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>EMBOLISM</i>					<i>24- HOURS</i>
DUE TO (c) <i>RHEUMATIC HEART DISEASE 416X</i>					<i>MANY YEARS</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <i>1</i> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>AUG. 2, 1958</i> to <i>DEC. 3, 1958</i> and last saw her alive on <i>DEC. 3, 1958</i> Death occurred at <i>3:53 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. L. Williams, M.D.</i> (Degree or title) <i>M. D.</i>			22b. ADDRESS <i>BARNES HOSPITAL</i>		22c. DATE SIGNED <i>12/4/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>12/8/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>5500 Brown Rd. St. Louis (County) Mo.</i>
24. FUNERAL DIRECTOR <i>Geo. W. Bruce</i> ADDRESS <i>4469 Washington</i>		25. DATE RECD. BY LOCAL REG <i>DEC 5 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Frederick P. Stark*.....

Licensed Embalmer No. *4599*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.