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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003847
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 392

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hosp — Length of stay in 1b: 60 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST LOUIS
c. CITY OR TOWN: Richmond Heights 4485 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1139 Bellevue Ave — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Harry Middle: James Last: Bates

4. DATE OF DEATH: Month Day Year: Feb. 9, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 10, 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Rice-Stix Co
11. BIRTHPLACE (City and state or country): Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Henry Bates
13b. MOTHER'S MAIDEN NAME: Laura Reese
14. NAME OF HUSBAND OR WIFE: Gladys W. Bates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-24-3086A
17. INFORMANT: Mrs Gladys W. Bates Address: 1139 Bellevue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 15 yrs
DUE TO (c) Arteriosclerosis general — 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12/15/40, to 12/9/59 and last saw him alive on 12/8/59
Death occurred at 3:01 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C H Bockelman (Degree or title) M.D.
22b. ADDRESS: 7615 Brentwood Blvd
22c. DATE SIGNED: 2/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/11/59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co, Missouri

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blv
25. DATE RECD. BY LOCAL REG.: 2-10-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr.Clifford H.Bockelman
2615 Brentwood Blvd
Wo.2-1907
1 to 5 P.M.

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 Jos. E McCullah
Licensed Embalmer No. 2460
P. O. Address 6175 Delm

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.