MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033082
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2380

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24007
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED AUG 20 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: 1 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 916 North Elm
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Robert Bates Jr.

4. DATE OF DEATH: Month 8 Day 1 Year 62

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 31, 62

9. AGE (last birthday) IF UNDER 1 YEAR: Months 1 Days; IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Clayton, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Bates, Sr.

13b. MOTHER'S MAIDEN NAME: Shirley Atchison

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes, no, or unknown~~) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: SHIRLEY BATES Address: 916 N. ELM

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) Aspiration Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO~~ and (b) Severe Acidosis
DUE TO (c) Diarrhea
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 7-31-62, to 8-1-62 and last saw ~~him~~ alive on 8-1-62
Death occurred at 3:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry R. Gilcreest M.D.

22b. ADDRESS: 601 So. Brentwood Blvd., Clayton

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 8/16/62

23c. NAME OF CEMETERY OR CREMATORY: Crty Crem.

23d. LOCATION (City, town, or county) (State): St Louis, Mo.

24. FUNERAL DIRECTOR: County Hosp. ADDRESS: Clayton, Mo.

25. DATE RECD. BY LOCAL REG.: 8-16-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.