N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

SEP 29 1936

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 32323

Township ~~Clayton~~ — Primary Registration District No. 6033a — Registered No. 358

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Fred J. Pate

(a) Residence, No. 2341 S. 12th St. Louis, Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Pate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2, 1887

7. AGE: YEARS 49 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Quarry worker
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Byrd Pate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mary Rigger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Ida Pate 2341 S. 12th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Aug 31 1936

19. UNDERTAKER (ADDRESS): A. W. McLaughlin 2301 Lafayette Ave

20. FILED 8/29 1936 Dr. A. J. Sequoulli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Accident-being crushed by falling rock at Quarry at Big Bend. Injuries; Fractured spine, multiple fracture of ribs, masceration of lungs, masceration of liver, bilateral hematothorax,

Date of onset

Other contributory causes of importance:

Internal abdominal hemorrhage. Secondary; Int. and ext. hemorrhage shock.

over

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Tuke B. Tinnon, M. D. 8/28/36

(Address) 3718 Jennings Rd

Corona, St. Louis, Mo

Verdict of Jury: By being crushed by rocks falling from a box being hoisted from a Quarry pit. Accident unavoidable.