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.

JAN 19 1937

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

Do not use this space.

43371

File No.

Registered No. 105

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 1160

Township Primary Registration District No. 4470

City University City (No. 747 Hanley Road St. Ward)

2. FULL NAME Benjamin Edward Tate

(a) Residence, No. 747 N. Hanley Road St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie May Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	–	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Sup. Union Elect.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Overhead Sup.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

FATHER

13. NAME David Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Butts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Minnie Mae Tate 747 N. Hanley Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Nov. 17, 30

19. UNDERTAKER (ADDRESS) Alexander Shea 6175 Delmar Blvd.

20. FILED Nov. 16, 1931 Lena V. Moller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1936 to 11-15, 1936

I last saw him alive on 11-14, 1936 Death is said to have occurred on the date stated above, at 9 A.M.

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

	Date of onset
Hypertension	15 yrs
Chronic myocarditis	3 yrs
" interstitial nephritis	

Other contributory causes of importance:

Arteriosclerosis, dilatation	15 yrs

Name of operation Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

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? No

If so, specify

(Signed) H. P. Dunham, M. D.

(Address) Kirkwood Mo.