

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-38

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.

DEC 13 1939

791

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: Homer G. Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 In this community: Unknown  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis 21  
 (d) Street No. 818 N. Ewing Ave.  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Anderson Tate  
 (b) If veteran, name war no  
 (c) Social Security No. 42-14-2525

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 4 year 1939 hour 3:55 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Male 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lottie Tate 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased March 27th 1897  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-31- 1939, to 11-4- 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Hypertensive Heart Disease About 3 yrs  
 Duration Unknown

9. Birthplace Memphis Tenn  
 (City, town, or county) (State or foreign country)

Due to Chronic Nephritis  
Cerebral Accident

10. Usual occupation Labor

Other conditions (Include pregnancy within 3 months of death) 181

11. Industry or business \_\_\_\_\_  
 12. Name unknown  
 13. Birthplace unknown unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown unknown  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature [Signature]  
 (b) Address 818 No Ewing Ave  
 17. (a) Burial (b) Date thereof 11/19/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park  
 18. (a) Signature of funeral director J. H. Randle & Son  
 (b) Address 3133 Bell Avenue  
 19. (a) NOV 9 1939 (b) J. F. Bodelek  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
 Address 2601 W. Whittier Date signed 11-6-1939

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address..... *2769 Charlotte*

**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 this body is not embalmed, above space should be left blank.**