

FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26366

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1273

1. PLACE OF DEATH

(a) County St Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME INA TATE 300

3. (b) If veteran, name war _____ 3. (c) Social Security No. 200

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Tate 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct 24 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Chickston Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jack Mc Kenzie

13. Birthplace Not known Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brog

15. Birthplace Chickston Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Bell

(b) Address 6222 Suburban

17. (a) Burial (b) Date thereof 7-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Widgents Park? 10 40

18. (a) Signature of funeral director AD Richards
(b) JUL 26 1940
(c) W.R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6222^A Suburban
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1940 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Stroke caused by

stabbing with knife

Due to ice pick

Due to two perforations of

upper lobe of R. lung

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

Major findings: _____
Of operations 174

Of autopsy Empneumothorax

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide specify Homicide

(b) Date of occurrence July 5, 1940

(c) Where did injury occur? Wellston
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

707 _____ (Specify type of place)
While at work _____ (e) Means of injury Stabbing

23. Signature John O. Lammie (M. D. or other) _____
Address Lammie Square Date signed 7/5/40

Duration

7/5/40

7/5/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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



Licensed Embalmer No. 2928

P. O. Address 2125 Glasgow

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.