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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUN 23 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5659**

Registration District No. **818** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **1200 Aubert Ave.**
(If rural, give location) **122**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant of Madge & Canvas Tate**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 20 1944**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **6** hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Canvas Tate**

13. Birthplace **Columbus Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Madge Lister**

15. Birthplace **Clinton, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Canvas Tate**
(b) Address **1200 Aubert Ave.**

17. (a) **Burial** (b) Date thereof **June 24 '44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Russell Untd. Co.**
(b) Address **2732 Pine Street**
JUN 23 1944 **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1944** hour **12** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **June 20** 19 **44** to **June 21** 19 **44**
that I last saw him alive on **June 21** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage and Cerebritis of equivalent Prolonged labor Prematurity**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

23. Signature **S. P. Barrett** (Specify type of plac.) (a) Means of injury _____
Address **2735 East Main** Date signed **6-22-44**

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

Not embalmed

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.....

Russell Lynd Co
Per R. Lynd

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 this body is not embalmed, fact should be so stated above.