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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43021
Registrar's No. 10845

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

318

Registration District No. _____ 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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4354 a W Belle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Tate

3. (b) If veteran, name war None

3. (c) Social Security No. 492-12-1057

4. Sex Male **5. Color or race** Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Bell Tate

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 8, 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1946 hour 5 minute 17 A.M.

21. I hereby certify that I attended the deceased from 12-9- 1946, to 12-17 1946
that I last saw him alive on Dec. 17 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>6</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death General Paresis
Duration Undet

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace Chidester, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Greyhound Bus Station

12. Name Mack Tate

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

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

16. (a) Informant Anna Bell Tate

(b) Address 4354 a.W. Belle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/46
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave

19. (a) DEC 18 1946 (Date received local registrar) J. J. Medsker (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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? _____

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

23. Signature J. J. Medsker (M. D. or other) _____
Address 260 W. N. White Date signed 12/18/46

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 *Hulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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