S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43389
Registrar's No. 11377

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 6 weeks (Specify whether years, months or days)
In this community 31 yrs

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. 23½ S Channing (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Pate
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 7 (Day) 1896 (Year)
8. AGE: Years 51 Months 4 Days 1 If less than one day hr. min.
9. Birthplace Christian (City, town, or county) Ky (State or foreign country)
10. Usual occupation Work days
11. Industry or business
FATHER
12. Name ? Cherry
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mattie Stewart
(b) Address 23½ So Channing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director
(b) Address 3517 Laclede ave
19. (a) DEC 12 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 8 year 1947 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from October 27, 1947 to December 8, 1947 that I last saw her alive on December 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Esophagus	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature O. L. Daniels (M. D.)
Address 2601 N Whittier St Date signed 12-11-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Jesse E Hurd Registered Apprentice No. 514, working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede Ave

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.