

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **28260**

FILED SEP 13 1948

Registrar's No. **7618**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St Louis
 (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 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 In this community 38 yrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charlie Tatum

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

4. Sex Male 2 5. Color Col. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Carrie Tatum 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased March 15 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>14</u>	hr. min.

9. Birthplace Richwood Ark. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Hod-Carrier

11. Industry or business

12. Name Nat Tatum
 13. Birthplace Unknown Ark. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Unknown 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Tatum
 (b) Address 3802 Finney Ave.

17. (a) Burial (b) Date thereof 9/4/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem, ty

18. (a) Signature of funeral director Ellis Funeral Home
 (b) Address 2820 Stoddard St

19. (a) AUG 30 1948 (b) J. F. Breen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. L
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3802 Finney
 (If rural, give location)
 (e) Citizen of foreign country? 11 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 23, 48 to August 29, 48
 that I last saw h. in alive on August 29, 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration Unk

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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 O. L. Daniels (M. D. _____)
 While at work _____ (Specify type of place) (e) Means of injury 11
 Address 2601 N Whittier Date signed 8-30-48

Maria

De 11/10/11

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 *A. Claude Jordan*

Licensed Embalmer No. *2403*

P. O. Address *City*

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.