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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31333**  
Registrar's No. **8289**

FILED OCT 1 1948  
Registration District No. **310**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Missouri.**

(c) Name of hospital or institution: **St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)

In this community **1 day**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ballinger**

(c) City or town **8 ZALMA**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Memorial N.R.** (If rural, give location)

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

3. (a) PRINT FULL NAME **LINDA PATE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **October 14 1944**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>3</b>	<b>11</b>	<b>2</b>	hr. _____ min.

9. Birthplace **Zalma Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business \_\_\_\_\_

12. Name **Ernest Pate**

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

14. Maiden name **Clie Speer**

15. Birthplace **Zalma Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Pate**

(b) Address **Zalma Mo**

17. (a) **burial** (b) Date thereof **9-18-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zalma Mo**

18. (a) Signature of funeral director **Rowland Mortuary Serv**

(b) Address **4104 Manchester**

19. (a) **SEP 22 1948** **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16th**  
year **1948** hour **4** minute **20 P** M.

21. I hereby certify that I attended the deceased from **9/15/48**  
19 \_\_\_\_\_ to **Sept. 16th** 19 **48**

that I last saw h **er** alive on **Sept. 16th** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Colonyelitis**

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to **Zalma**

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

CE While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Robert J. Buske** (M. D. or other) **9/17/48**  
Address **1515 Lafayette** Date signed \_\_\_\_\_

6878

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**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 Ronald Yabuke  
Licensed Embalmer No. 3917  
P. O. Address St. Louis, Mo.

**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.**