

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44420

BIRTH NO. 85109 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11756

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>29 Days</i>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>2129</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>12 4949 Fountain Avenue</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Derrick</i> b. (Middle) <i>Floyd</i> c. (Last) <i>Pate</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12 12 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>11-7-53</i>
9. AGE (In years last birthday) <i>1</i>	IF UNDER 1 YEAR Days <i>12</i>	IF UNDER 24 Hrs. Hours <i>12</i>	IF UNDER 28 Mins. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>12</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri, U.S.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Ernest F. Pate</i>		13b. MOTHER'S MAIDEN NAME <i>Lulu Kern</i>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <i>M McNail</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septicemia + diarrhea</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>5710</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>7:45</i>		22. I hereby certify that I attended the deceased from <i>11-13-53</i> to <i>12-12-</i> 1953, that I last saw the deceased alive on <i>12-12-</i> 1953, and that death occurred at <i>4:00 a.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>John E. Newey M.D.</i>		23b. ADDRESS <i>Childrens Hospital</i>	
23c. DATE SIGNED <i>12-12-53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>12/14/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Smith</i>	
26. DATE REC'D BY LOCAL REG. <i>DEC 14 1953</i>		27. ADDRESS <i>La Tourey 9129 Linn</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank Toney
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.