

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14141

FILED APR 27 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 885

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>VALLEY PARK</u> ⁴⁷⁶¹	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS. Co. HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>738 LEONARD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>NELSON</u> c. (Last) <u>Pate, SR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3 Nov 1871</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE-COUNTY MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>John-Pate</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH-SWERNY</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET PATE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-16-7689</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VIRGINIA WARE-RT-1-B-208-CREVE-COEUR</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>			<u>1 month</u>
	DUE TO (c) <u>Broncho pneumonia</u>			<u>1 week</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of lung. (Rt)</u>		<u>? yrs.</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input checked="" 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?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 4-13, 1955, to 4-15, 1955, that I last saw the deceased alive on 4-15, 1955, and that death occurred at 7:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		23b. ADDRESS <u>6015 Brentwood Clayton</u>		23c. DATE SIGNED <u>4-16-55</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co Mo</u>	

DATE REC'D BY LOCAL REG. <u>4/17/55</u>		REGISTRAR'S SIGNATURE <u>Hebeal B. Amke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MARY B. SMITH- MAPLEWOOD 17. MO</u>	
---	--	---	--	---	--

(Licensed Embalmer's Placement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *J. Allen Davis*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.