

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007893
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2198**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1422a N. Cora		d. STREET ADDRESS (If rural, give location) 1422a N. Cora	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) James	b. (Middle)	c. (Last) Tate	(Month) (Day) (Year) 2 20 58
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/11/1895
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
62		Shoe Co.	St. Joe Louisiana
10b. KIND OF BUSINESS OR INDUSTRY International		12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME Mack Tate	13b. MOTHER'S MAIDEN NAME Bessie Moore	14. NAME OF HUSBAND OR WIFE Elizabeth Tate
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 334-09-5435	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Tate 1422a N. Cora

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gastro Intestinal Tract with Metastasis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION 12-9-57		19b. MAJOR FINDINGS OF OPERATION Same as in 18(a)	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-8-**, 19**57**, to **2-20-**, 19**58**, that I last saw the deceased alive on **2-19-**, 19**58** and that death occurred at **4:40a m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Little, M.D.	23b. ADDRESS 3167 Sheridan Avenue	23c. DATE SIGNED 2-21-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/26/58	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo		

DATE REC'D BY LOCAL REG. FEB 24 '58	REGISTRAR'S SIGNATURE Grant Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grant Johnson 4352 Wash. Blvd.
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(Licensed Embalmer's Statement 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
Student Embalmer

Signed J. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Dehman

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.