

REGISTRATION DISTRICT NO. 318 Primary Registration District No. 1003 REGISTRAR'S NO. 12548

-60-047981

STATE OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DECEASED VS. JAN 9 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 3 wks. | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4312 Wabash |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Virgil. Middle NMI Last Tate | | | 4. DATE OF DEATH Month Dec. Day 29th Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-22-1899 | 9. AGE (last birthday) 61 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer | | 10b. KIND OF BUSINESS OR INDUSTRY Trucking | 11. BIRTHPLACE (City and state or country) Mountain Grove, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME William Tate | | 13b. MOTHER'S MAIDEN NAME Mahallia West | | 14. NAME OF HUSBAND OR WIFE Lillian Tate | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW#1 | | 16. SOCIAL SECURITY NO. 499-12-9145 | | 17. INFORMANT Lillian Tate Address Above | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Lymphoma | | | INTERVAL BETWEEN ONSET AND DEATH 2 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 200.2 | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from June 6 - 1957 to Dec. 29 - 1960 and last saw ^{her} him alive on Dec. 28 - 1960 Death occurred at 11:5 am 12-29-60 on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
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| 22a. SIGNATURE (Degree or title) J. R. Beasley M.D. | | | 22b. ADDRESS #16 Hampton Village | | 22c. DATE SIGNED 12/29/60 |
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| 23. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-31-1960 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. | | |
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| 24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo. | | 25. DATE RECD. BY LOCAL REG. DEC 29 1960 | 26. REGISTRAR'S SIGNATURE Loal Smith. M.O. | | |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. R. Burgess

Licensed Embalmer No. 402

P. O. Address Wayles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.