MAR 7 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7933

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1603

City St. Louis, Mo. (No. 4228 Holly Ave. St. ..... Ward)

2. FULL NAME Walter E. Tate

(a) Residence, No. 4228 Holly Ave. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel R. Tate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9th. 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

FATHER

13. NAME George Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME ~~Dont Know~~ Mary Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs. Ethel Tate
(ADDRESS) 4228 Holly Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carnigie, Pa. DATE 2/13/36, 19

19. UNDERTAKER Provost Und. Co.
(ADDRESS) 3710N. Grand Blvd.

20. FILED FEB 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/36, 19

22. I HEREBY CERTIFY That I attended deceased from Jan 22, 1936 to Feb 12, 1936
I last saw him alive on Feb 7, 1936. Death is said to have occurred on the date stated above, at 12:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/22/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [illegible] Aufdu Heide, M. D.
(Address) 4570 Fair

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Arpter Heide 12 ½ P.M
4500 Fair ave

JUL 3 1945