

No. 2
4-13-40
-17-39
X23150

Registration District No. 784

Primary Registration District No. 200

State File No. _____
Registrar's No. 1274

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution 2216 South Wise Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 2216 South Wise Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JANE ELIZABETH TATE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased April 25 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 11 hr. min.

9. Birthplace Overland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name Arthur Tate

13. Birthplace Oakesbee Okla.
(City, town, or county) (State or foreign country)

14. Maiden name Bryan Bryant

15. Birthplace Beanlah Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant G. J. Tate

(b) Address 2216 So. Wise Overland

17. (a) Burial (b) Date thereof 7-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Bannam Wood

(b) Address 2504 Woodson Rd - Overland Mo

19. (a) JUL 8 1940 (b) Paul P. Whitener
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1940 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 4 to July 6, 1940
that I last saw her alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonic (lobar) pneumonia

Duration 2 da

Due to _____

Due to 108

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Paul P. Whitener (Specify type of place) _____
While at work? _____ Means of injury _____

Address 8923 Midland Portland Mo Date signed 7-7-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.