

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: ST. LOUIS
 (a) County: ST. LOUIS
 (b) City or town: KOCID
 (c) Name of hospital or institution: ROBERT KOEHL HOSP. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 195 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MISSOURI (b) County: - 000
 (c) City or town: ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No.: GRAND CENTRAL HOTEL - JEFFERSON & PINE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: 1 LIFE = years.

3. (a) PRINT FULL NAME: VIRGINIA TATE
 3. (b) If veteran, name war: NO
 3. (c) Social Security No.:

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: APR day: 15
 year: 1941 hour: 1 minute: 10 A.M.
 21. I hereby certify that I attended the deceased from 2 1940 to APR 15 1941
 that I last saw him alive on APR 15 1941
 and that death occurred on the date and hour stated above.

4. Sex: FEMALE 3
 5. Color or race: NEGRO
 6. (a) Single, widowed, married, divorced: SINGLE
 6. (b) Name of husband or wife:
 6. (c) Age of husband or wife if alive: 10 years
 7. Birth date of deceased: 8 - 10 - 1911
 (Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis
 Duration: 1 yr.

8. AGE: Years: 22 Months: 8 Days: 5
 If less than one day: hr. min.

Due to: 12/10
 Due to:

9. Birthplace: ST. LOUIS MO. 0
 (City, town, or county) (State or foreign country)

Other conditions: Acute Appendicitis & Peritonitis
 (Include pregnancy within 3 months of death)

10. Usual occupation: DANCER

11. Industry or business:

Major findings: Acute Appendicitis & Peritonitis
 Of operations:
 Of autopsy:
 PHYSICIAN: Underline the cause to which death should be charged statistically.

12. Name: JOHN TATE
 13. Birthplace: ? ? 9
 (City, town, or county) (State or foreign country)

14. Maiden name: MARY WILLIAMS
 15. Birthplace: JACKSON TENN. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant: PATIENT
 (b) Address:

17. (a): (b) Date thereof: 4 1841
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Wm. Walton
 (b) Address: 2707 Stoddard St

19. (a) APR 16 1941 (b) J. R. Meyer M.D. 1941
 (Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature: Samuel J. R... (M. D. or other)
 Address: Robt. Kane Hosp. Kah, Mo. Date signed: 4/15/41

WRITE PLAINLY—USE 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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed: *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.