

FILED JAN - 5 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial Hosp.
(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)

3. (a) PRINT FULL NAME Jimmie D. Tate

3. (b) If veteran, name war..... no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased..... Feb 13 1939
(Month) (Day) (Year)

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

3	10	10	hr. min.
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9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... none

11. Industry or business

12. Name..... U. L. Tate

13. Birthplace..... Portageville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name..... Agnes E. Hayes

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

16. (a) Informant..... U. L. Tate

(b) Address..... 3840 S. Main St.

17. (a) Burial (b) Date thereof..... 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthew Germ With Bro. & No

18. (a) Signature of funeral director.....
(b) Address..... DEC 24 1942 1929 S. Jefferson Av

19. (a) DEC 24 1942 (b) J. J. Busek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 000

(c) City or town..... St. Louis 24 18 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3840 S. Main St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from.....
Dec 21 1942 to Dec 22 1942
that I last saw him alive on Dec 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Surgical infection

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... J. J. Busek (M. D. or other)
Address..... 4929 S. Jefferson Date signed 12-23-42

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

Gustav W. Dittler

Licensed Embalmer No.

4329

P. O. Address

2929 S Jefferson

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.