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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12610

FILED APR 28 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3757

1. PLACE OF DEATH:
(a) County: Peoples Hospital
(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 night - 1 day. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No.: 3818 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: AMANDA NEROSA PATE

3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Femal
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: William Arthur Pate
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: July (Month) 6 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
37	9	11	hr. min.

9. Birthplace: Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: House wife.
11. Industry or business:
MOTHER 12. Name: Un-Known
FATHER 13. Birthplace: " " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Anderson
FATHER 15. Birthplace: Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant: W. A. Pate
(b) Address: 3818 Finney Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 23 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park.
18. (a) Signature of funeral director: Boyd Bros.
(b) Address: 3704 Finney
19. (a) APR 22 1943 (Date received local registrar) (b) L. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 17th year: 1943 hour: 4 minute: a.m.
21. I hereby certify that I attended the deceased from April 11th, 1943 to April 18, 1943 that I last saw her alive on April 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart Dis.	
Due to: Old Rheumatism Chronic	
Due to: Bronchial Thrush	
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? (Specify type of place)
While at work? (f) Means of injury:

23. Signature: Samuel Stafford (M. D. or other)
Address: 925 N. Jefferson Date signed: 4/17/43

(Licensed Embalmer's Statement on Reverse Side)

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.