

S. No. 2
-11-10-39
5-1-1943
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37906

State File No. _____

Registrar's No. 9782

Registration District No. 318 Primary Registration District No. 1003

I. PLACE OF DEATH:

(a) County ST. Louis, Mo.
(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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 1/2 Hrs 11-6-43
In this community 4 yrs, 11 mo, 13 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Missouri
(c) City or town ST. Louis, Mo.
(If outside city or town limits write "RURAL")
30 Street No. 448 Easton
(If rural, give location)
(e) If foreign born, how long in U. S. A. born in U.S. OF A. years.

3. (a) PRINT FULL NAME Catherine Tatum

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

4. Sex Female 5. Color or race Colored 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 Nov 24th 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 11 13 hr. min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business R. Tatum

12. Name _____ 13. Birthplace Hot Springs, Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Geraldine Holmes

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

16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal St

17. (a) Burial (b) Date thereof 11-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton Dickson Cemetery

18. (a) Signature of funeral director R. E. Howarth
(b) Address 7812 Thomas, St. Louis

19. (a) NOV 8 1943 (b) Registrar's signature J. F. Pradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 11-6-43
19____ to 11-6-43 19____;
that I last saw her alive on 11-6-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcal Meningitis
Duration 3 days

Due to _____

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 _____ (Specify type of place) _____

23. Signature J. F. Pradeck (M. D. or other) MD
Address 519 F. Birney Date signed 11/7/43

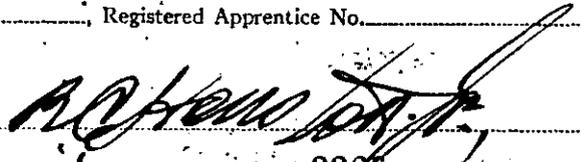
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Signed _____



Licensed Embalmer No. **2266**.

P. O. Address **2812 Thomas, St, StLouis, 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, above space should be left blank.