

S. No. 2  
DM-5-43  
v. 5-17-39  
P 1 X36671

318 STANDARD CERTIFICATE OF DEATH  
1003

State File No. 11807  
Registrar's No. 3631

FILED MAY 12 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

23  
00  
17  
9

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

1. PLACE OF DEATH:

(a) County Mo  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4370 WASHINGTON AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 5 YEARS

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") 5 19  
(d) Street No. 4370 Washington Bl  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNEST MARVIN TATE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife MAGNOLIA TATE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Nov 19 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business DRUGS (MATKINS CO.)

MOTHER FATHER

12. Name NEWTON W. TATE

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

14. Maiden name SOPHIA LOVE

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

16. (a) Informant J. R. Tate

(b) Address 1103 N. BIG BEND BL. KIRKWOOD 22 Mo

17. (a) BURIAL (b) Date thereof 4-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WILLIAMSBURG Mo

18. (a) Signature of funeral director Metzberg Funeral Home

(b) Address Hebster Express 19 Mo

19. (a) APR 24 1945 (Date received local registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23<sup>rd</sup>  
year 1945 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Atherosclerosis  
Due to 94  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) 3  
Address St. Louis Date signed 4/24/45

**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

working under my personal supervision.

Signed

Licensed Embalmer No.

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.**

*not embalmed*  
*Sami B. Hershberg*