

FILED MAR 18 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 57

Primary Registration District No. 6076

Registrar's No. 2446

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town South Kinloch  
(c) Name of hospital or institution: King Nv Carson Rds  
(d) Length of stay: 11 Months  
In this community 11 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town So Kinloch, Mo  
(d) Street No. King First Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EZARENE TATE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Napoleon Tate 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: Dec 17 1912

8. AGE: Years 33 Months 2 Days 12 If less than one day — hr. — min.

9. Birthplace Lula Miss

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Sam Webster

13. Birthplace Unknown 9

14. Maiden name Marie Johnson

15. Birthplace Lula Miss

16. (a) Informant Napoleon Tate

(b) Address So. Kinloch, Mo

17. (a) removal (b) Date thereof 5 May 46

(c) Place: burial or cremation Cape Girardeau, Mo

18. (a) Signature of funeral director Boyd Bros

(b) Address So Kinloch, Mo

19. (a) 3-4-46 (b) W. W. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 46 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from 2-10-46 to 3-1-46 that I last saw her alive on 3-1-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis Duration 10 days

Due to Chronic Bronchitis 3 years

Due to 107

Other conditions: None

Major findings: None

Of operations: None

Of autopsy: None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) L  
(b) Date of occurrence 2  
(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 L

23. Signature Ray Johnson (M. D. or other) MD  
Address ... Date signed 3/2/46

Duration  
10 days  
3 years

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

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

6  
0  
0  
9733

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.....

*Edward G. Flynn*

Registered Apprentice No. *397*

working under my personal supervision.

Signed *Amelia A. Johnson*

Licensed Embalmer No. *3522*

P. O. Address *3704 Junney*

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.