

S. No. 2  
M-5-43  
7-5-17-39  
o I X3667

FILED NOV 7 1946  
318

1003

Registration District No. 318 Primary Registration District No. 1003

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:  
Missouri Baptist Hospital  
(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)

3. (a) PRINT FULL NAME Harry A. Tate  
3. (b) If veteran, name war None  
3. (c) Social Security No. 492-10-3533

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Gertrude Tate  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 7, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 0 18 hr. min.

9. Birthplace Greenville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Sieloff Packing Co.

MOTHER FATHER  
12. Name Peter H. Tate  
13. Birthplace Mulberry Grove Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Murdock  
15. Birthplace Carrollton Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary T. Kimberlin  
(b) Address 6138 Plymouth Avenue

17. (a) Burial (b) Date thereof Oct. 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.

19. (a) OCT 27 1946 (b) J. J. Priedek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 600  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5937 a Wells Avenue 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25, 1946  
year 11 hour 35 minute P M.

21. I hereby certify that I attended the deceased from OCT 11 to OCT 25  
that I last saw him alive on OCT 25 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia of deep femoral vein with retroperitoneal hemorrhages - sclerotic vessels  
Due to chronic arterio-sclerotic changes  
Due to chronic arterio-sclerotic changes & gall stones  
Interpreted below

Other conditions arterio-sclerotic changes of deep femoral and iliac veins with retroperitoneal hemorrhages - sclerotic vessels  
and diabetes mellitus

Underline the cause to which death should be charged statistically.  
Of operations gall stones  
Of autopsy gall stones  
chronic arterio-sclerotic changes

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) Cause of injury \_\_\_\_\_  
23. Signature J. J. Priedek (M. D. or other)  
Address 222 N. Grand Date signed 10/27/46

910-1080

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**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 *Henry M. Brammer*  
Licensed Embalmer No. *4200*  
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.**