

No. 2
1-5-43
5-17-39
X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6861
1245
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(c) Name of hospital or institution: ST LUKE'S HOSPITAL
(d) Length of stay: 7 WEEKS
In this community 7 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Oav
(c) City or town ST LOUIS
(d) Street No. 3937 1/2 Shaw Blvd
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME PATRICK JOSEPH PATE
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex M Color W
6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased JAN 23 1948

8. AGE: Years 0 Months 0 Days 12 hr. min.

9. Birthplace ST LOUIS MO

10. Usual occupation -
11. Industry or business -

MOTHER, FATHER
12. Name BRUCE C PATE
13. Birthplace NASHVILLE TENN
14. Maiden name CATHERINE RINN
15. Birthplace CHICAGO ILL

16. (a) Informant Bruce C Pate
(b) Address 3937 1/2 Shaw Blvd
17. (a) Burial (b) Date thereof FEB 5 1948
(c) Place: burial or cremation RESURRECTION CEM

18. (a) Signature of funeral director Walter Ballou
(b) Address 6536 Clayton Rd
19. (a) 5526 1948 (b) J. F. Benedict

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 5th year 1948 hour 8 minute 35 AM
21. I hereby certify that I attended the deceased from Feb 4 1948 to Feb 5 1948
that I last saw him alive on Feb 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration, Intestinal Epidemic Diarrhea of the newborn Duration 2 days

Due to -
Due to -
Other conditions Patent Inter-auricular septum - Bicuspid

Major findings: Of operations NONE
Of autopsy Dehydration, Emaciation, Intestinal Inflammation - Patent Inter-auricular septum

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (2) Means of injury
23. Signature Richard J. Jones (M.D. or other) Date signed Feb 4 1948
Address 5535 Delmar, St. Louis

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

1215

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.....

Not Embalmed
W.H. Forkey

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.