S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 16 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15060

Registrar's No. 873

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town OLIVETTE,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution # 16 COVINGTON MEADOWS.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS, 96
(c) City or town OLIVETTE, 0
(If outside city or town limits, write "RURAL")
(d) Street No. # 16 COVINGTON MEADOWS, 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME FREDERICK WILLIAM TATE.
3. (b) If veteran, name war W.W.I
3. (c) Social Security No. 491-18-0389.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORENCE M.TATE.
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased FEB. (Month) 20 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	13	..... hr. ..... min.

9. Birthplace GREENVILLE, (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation PRESIDENT;
11. Industry or business JOHANNES-TATE PHARMACY.

FATHER
12. Name PETER H. TATE.
13. Birthplace MULBERRY, (City, town, or county) ILLINOIS. (State or foreign country)

MOTHER
14. Maiden name MARY E. MURDOCK.
15. Birthplace CARROLLTON, (City, town, or county) KENTUCKY. (State or foreign country)

16. (a) Informant MRS.FLORENCE M. TATE.
(b) Address 16 COVINGTON MEADOWS.
17. (a) ENTOMBMENT (Burial, cremation, or removal) (b) Date thereof 4-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE MAUSOLEUM.
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.,
19. (a) 4-5-48 (Date received local registrar) (b) Cecil J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3 year 1948 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from Nov 10, 1945 to Mar 2, 1948 that I last saw him alive on Mar 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic Heart disease	2 yrs.
Due to	
Due to 93d	
Other conditions Prostatic Hypertrophy (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Martyn Schaltz (M. D. or other)
Address 505 Humboldt Bldg. Date signed April 3/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Martyn Schattyn.
Humboldt Bldg.
FR 5886
11 to 1

APR 17 1944

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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, fact should be so stated above.