

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31942

Registrar's No. 7937

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7937			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis Mo				c. LENGTH OF STAY (In this place) 3, yr, 1, mo 25D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2137			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hospital				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal 0					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle)		c. (Last) Tate		4. DATE OF DEATH (Month) (Day) (Year) 9 17 50		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 16, 1884		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George W. Tate			13b. MOTHER'S MAIDEN NAME Mary Robinson		14. NAME OF HUSBAND OR WIFE nil				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Arthur Tate		ADDRESS 1015 Allen Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Cerebro Vascular Hemorrhage 3 Hrs. Hours.						INTERVAL BETWEEN ONSET AND DEATH plus 1938	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (2) Hypertensive Cardio Vascular Disease 1938							
		DUE TO (c) (3) Generalized Arterio Sclerosis 1944							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholic, Paranoid Schizophrenia 1938							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH 2X					
22. I hereby certify that I attended the deceased from _____ 19____, to 9/17/50, 19____, that I last saw the deceased alive on 9/17, 19 50, and that death occurred at 5:30Pm m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Palma Marie Bowditch M.D.				23b. ADDRESS 5800 Arsenal St. Louis, Mo.		23c. DATE SIGNED 9/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/20/1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis		24d. LOCATION (City, town, or county) (State) Mo.				
DATE REC'D BY LOCAL REG. SEP 19 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Elmer R. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 477

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.