No. 300
10.48

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

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35208

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8871

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (In this place): 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 22 29
d. STREET ADDRESS (If rural, give location): 22 1422 Singleton

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle):
c. (Last): Pate

4. DATE OF DEATH (Month) (Day) (Year): Oct. 17 1950

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Dec. 4th 1909
9. AGE (In years last birthday): 40 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): McKenzie, Tenn.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Clarence Pate
13b. MOTHER'S MAIDEN NAME: Mary Keys
14. NAME OF HUSBAND OR WIFE: Ossie Mae Pate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-07-5822
17. INFORMANT'S SIGNATURE OR NAME: Clyde Pate — **ADDRESS**: 3014 Marion

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) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: HHSX

22. *I hereby certify that I attended the deceased from* 9-20, *19* 50, *to* 10-17, *19* 50, *that I last saw the deceased alive on* 10-17, *19* 50, *and that death occurred at* 9p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Elvin Thompson M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 10/20/50
24c. NAME OF CEMETERY OR CREMATORY: Shiloh
24d. LOCATION (City, town, or county) (State): McKenzie, Tenn.

DATE REC'D BY LOCAL REG.: OCT 20 1950
REGISTRAR'S SIGNATURE: J B Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: G. H. Burks — **ADDRESS**: 212 Carroll

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T Yaude

Signed.....
Student Embalmer

Licensed Embalmer No. 424

P. O. Address 130 Eldridge
Indianapolis

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.