

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30438

State File No. \_\_\_\_\_

No. 300  
10-48

KC-16215563  
REG # 101,399  
REC AUG 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2079</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS., MO.</u>		c. LENGTH OF STAY (In this place) <u>107 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2229</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2226 RUTGER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>G.</u> c. (Last) <u>TATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-52</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-6-98</u>		9. AGE (In years last birthday) <u>54 YRS</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Hours _____
10a. USUAL OCCUPATION (If his kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARIANNA, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>HENRY TATE</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA MEDLEY</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISE TATE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW-I</u>		16. SOCIAL SECURITY NO. <u>492096040</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V.A. HOSPITAL RECORDS, JEFF., BRKS., MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CONGESTIVE FAILURE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> <u>443X</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBROVASCULAR ACCIDENT</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 YRS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-15-52</u> , 19 <u>52</u> , to <u>7-31-52</u> , 19 <u>52</u> and that death occurred at <u>11:12A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth A. Forbes M.D.</u> (Degree or title)				23b. ADDRESS <u>JEFF., BRKS., MO.</u>		23c. DATE SIGNED <u>8-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF. BRKS., MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-4-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WADE FUNERAL HOME, St. Louis, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side) sw 4202 J in my

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.