

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26947**
Registrar's No. **6257**

FILED JUL 31 1953

BIRTH NO. **48194** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 2129	
c. LENGTH OF STAY (In this place) <i>1 Day</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's Hospital 121232 BAYARD</i>			

3. NAME OF DECEASED (Type or Print) <i>Baby Boy - TATE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>6 18 53</i>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <i>MALE</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>None</i>		8. DATE OF BIRTH <i>6-14-53</i>		9. AGE (In years last birthday) <i>4</i>		IF UNDER 1 YEAR (Month) (Day) (Year) <i>4</i>		IF UNDER 1 HRS. (Hour) (Min.)	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>St. Louis - Mo.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
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13a. FATHER'S NAME <i>MAMON TATE</i>			13b. MOTHER'S MAIDEN NAME <i>Alice Meredith</i>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>R.O. Norman 601 S. Kingshighway</i>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dysentery</i>							
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforated Cecum</i>							
			DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>153X</i>	
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22. I hereby certify that I attended the deceased from *6-17-1953*, to *6-18-1953*, that I last saw the deceased alive on *6-18-1953*, and that death occurred at *8:25P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. J. H. ...</i>			23b. ADDRESS <i>Children's Hospital</i>			23c. DATE SIGNED <i>6-23-53</i>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6-23-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>JUN 23 1953</i>		REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>M. B. Koonce</i>			ADDRESS <i>1221 N. Grand</i>		
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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 *Gupton Swan* _____

Licensed Embalmer No. *4580*

P. O. Address *1221 N. Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.