

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State 6-6-6
File No. 2249
2503

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		d. STREET ADDRESS (If rural, give location) 3004 INDIANA ST.	

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) CECIL c. (Last) TATE JR			4. DATE OF DEATH (Month) (Day) (Year) JAN. 1, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 7 1930	9. AGE (In years last birthday) 23	10. 0 UNDER 1 YEAR Months 0 Days 24 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY BAKING		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME RAYMOND TATE SR.		13b. MOTHER'S MAIDEN NAME HELEN NEELY		14. NAME OF HUSBAND OR WIFE RUTH TATE	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 7/6/49 to 7/5/50		16. SOCIAL SECURITY NO. 499-32-8763		17. INFORMANT'S SIGNATURE OR NAME RUTH TATE ADDRESS 3004 INDIANA ST. ST. LOUIS, MO	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusion of thorax			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 094 (STATE) St. Francois Co., Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Dec. 31, 1953 11 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile collision	

22. I hereby certify that I attended the deceased from **1/1/54**, 19___, to **1/1/54**, 19___, that I last saw the deceased alive on **1/1/54**, 19___, and that death occurred at **3:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 33 N. Allen, Bonne Terre, Mo.		23c. DATE SIGNED 1/4/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/5/54		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
DATE REC'D BY LOCAL REG. JAN. 4, 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE BERT L. BOYER		ADDRESS LEADWOOD, MO	

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

MAR 18 1954

FEB 17 1954

MAY 15 1951
OCT 5 1955

JAN 4

JAN 20

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.