

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18747

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4925

1. PLACE OF DEATH a. COUNTY <i>En Route to Hospital</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 Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ENROUTE HOMER PHILLIPS II</i>		e. STREET ADDRESS (If rural, give location) <i>2601 N. Garrison 2190</i>	
3. NAME OF DECEASED a. (First) <i>Harriet</i> b. (Middle) _____ c. (Last) <i>Tate</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-20-1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>October 15-1898</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>House Wife</i>	9c. AGE (In years last birthday) <i>57</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House Wife</i>	9d. IF UNDER 1 YEAR Months _____ Days _____
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10d. KIND OF BUSINESS OR INDUSTRY <i>House Wife</i>	9e. IF UNDER 24 HRS. Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Strong</i>		13b. MOTHER'S MAIDEN NAME _____	
13c. FATHER'S NAME <i>Strong</i>		13d. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE <i>John Tate</i>		14. NAME OF HUSBAND OR WIFE <i>John Tate</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>John Tate</i>		17. INFORMANT'S SIGNATURE OR NAME <i>John Tate</i>	
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.		19. ADDRESS <i>2601 N. Garrison</i>	
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) <i>Extensive sub-dural Hemorrhage</i>		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) <i>Diuretic, pleural, Cause</i>		DUE TO <i>and manner of same</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>could not be determined</i>		DUE TO _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Verdict</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
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? _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:15 P.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>James M. Kelly Deputy Registrar</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>5-22-56</i>		23c. DATE SIGNED <i>5-22-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Fri MAY 25 1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>	
24e. DATE REC'D BY LOCAL REG. <i>MAY 22 1956</i>		24e. DATE REC'D BY LOCAL REG. <i>MAY 22 1956</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>	
25. ADDRESS <i>3129 Luma</i>		25. ADDRESS <i>3129 Luma</i>	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Carter*.....
Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.