

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042724
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 312 Primary Registration District No. 547 Registrar's No. 2806

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>		Length of stay in 1b <u>1 1/2 Days</u>	d. STREET ADDRESS <u>7434 Canton Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Kathleen Lippert Tate</u>			4. DATE OF DEATH Month Day Year <u>Oct. 31, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28, 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (In years last birthday) <u>45</u>
11. BIRTHPLACE (City and state or country) <u>Aneta, No. Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Lippert</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Colbert</u>	14. NAME OF HUSBAND OR WIFE <u>Jewel M. Tate</u>
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>066-18-9574</u>	17. INFORMANT Address <u>Mr Jewel M. Tate 7434 Canton Ave</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pancreatitis, acute</u> DUE TO (b) <u>Chronic Pancreatitis</u> DUE TO (c) <u>587.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia, confluent. Fatty infiltration liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 yrs +</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Oct 3, 1958</u> to <u>Oct 31, 1958</u> and last saw her alive on <u>Oct 31, 1958</u> Death occurred at <u>3:35</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph J. Simpson M.D.</u>		22b. ADDRESS <u>634 N. Grand Ave.</u>	22c. DATE SIGNED <u>11/1/1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Rail</u>	23b. DATE <u>11/2/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Aneta, No. Dakota</u>
24. FUNERAL DIRECTOR <u>Alexander & Sons 6175 Delmar Bl</u>		25. DATE RECD. BY LOCAL REG. <u>11-1-58</u>	26. REGISTRAR'S SIGNATURE <u>Harriet R. Dombey</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Joseph Finnegan

634 No. Grand Blvd

1 to 3 P.M.

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

Joseph E. McCallister

Licensed Embalmer No. 27600

P. O. Address 617 5th St

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.