

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013246

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST. LOUIS CITYHOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

1734 Washington Avenue.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ARCHIE

LAFAYETTE

TATE

4. DATE OF DEATH

Month

Day

Year

MARCH

17

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5/12/1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Orderly

10b. KIND OF BUSINESS OR INDUSTRY

Hospitals

11. BIRTHPLACE (City and state or country)

Fayetteville, Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Archie V. Tate

13b. MOTHER'S MAIDEN NAME

Jo Etta Smith

14. NAME OF HUSBAND OR WIFE

Allie Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. I

16. SOCIAL SECURITY NO.

493-10-6144 A

17. INFORMANT

Allie Tate, 719 St. Bernard Lane,

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia - Emphysema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Bronchitis

DUE TO (c)

502.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

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

3-5-62

to 3-17-62

and last saw her alive on

3-17-62

Death occurred at

6:15

p

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Smith M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

3-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/22/62

23c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd., MAR 21 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

BRITTINGHAM  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**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

Isa W Wilkinson

Licensed Embalmer No.

3575

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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