96

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

34958

1. PLACE OF DEATH

County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033B — Registered No. 326

City (No. 9029, Lackland Ave St. Ward)

2. FULL NAME William Patterson

(a) Residence. No. 9029 Lackland Ave St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Patterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about Sept ? 1869

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | — | — | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Landscape Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Collinsville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Tillie Mohr
(Address) 9025 Lackland ave

15. FILED 10/18, 1929 Rolla Bracy M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 545 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage apoplexy
(Cerebral Hemorrhage)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) apoplexy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
10/18, 1929 (Signed) John [illegible], M.D
(Address) Prison of St Louis County

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Paul Cem
DATE OF BURIAL: 10-21 1929

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr [illegible]
Coroner

2 to 4