

MAY 27 1936

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

Do not use this space.

18047

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 6248B Registered No. 168  
City Jefferson Barracks (No. Veterans Administration Facility) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dennis PATTERSON

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Eldred, Illinois  
(Usual place of abode)  
Length of residence in city or town where death occurred Un yrs. kn mos. W l. ds. How long in U. S., if of foreign birth? = yrs. = mos. = ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF <u>Mrs. Angeline Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 23, 1887</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unavailable</u>		
10. Date deceased last worked at this occupation (month and year) <u>unavailable</u>		
11. Total time (years) spent in this occupation <u>unavailable</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eldred, Illinois</u>		
13. NAME <u>James Patterson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unavailable Illinois</u>		
15. MAIDEN NAME <u>Nancy Reed</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unavailable Illinois</u>		
17. INFORMANT <u>Clinical Clerk M. Schellig</u> (ADDRESS) <u>V.A. Facility, Jeff. Bks. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Casselman, Illinois</u> DATE <u>April 30, 1936</u>		
19. UNDERTAKER <u>C. Hoffmeister H. &amp; L. Co.</u> (ADDRESS) <u>7814 So. Broadway, St. Mo.</u>		
20. FILED <u>Apr 28, 1936</u> <u>G. Mowry</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 29, 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>April 25, 1936 to April 29, 1936</u> I last saw him alive on <u>April 29, 1936</u> . Death is said to have occurred on the date stated above, at <u>10:10am</u> The principal cause of death and related causes of importance were as follows: <u>Tuberculosis, pulmonary, chronic, active, far advanced (C)</u> Date of onset <u>unknown</u>
Other contributory causes of importance: <u>None</u>
Name of operation <u>None</u> Date of <u>_____</u> clinical manifestations, x-ray & laboratory findings <u>_____</u> What test confirmed diagnosis? <u>_____</u> Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>G. T. Hughes</u> _____ M. D. (Address) <u>Veterans Administration Facility, Jefferson Barracks, Missouri.</u>

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.

THIS IS A PERMANENT RECORD

