

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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23913
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City ST LOUIS (d) Street No. DEACONESS HOSP Registered No. 6607
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELEANOR NANCY PATTERSON 362
 (a) Residence, No. 641 So. Rock Hill St. NR WEBSTER GROVES
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 23 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME JAMES PATTERSON

14. BIRTHPLACE (CITY OR TOWN) WEST SIDE
 (STATE OR COUNTRY) IOWA

MOTHER 15. MAIDEN NAME ELEANOR DAVIS

16. BIRTHPLACE (CITY OR TOWN) KEOKUK
 (STATE OR COUNTRY) IOWA

17. INFORMANT (ADDRESS) James J. ... Webster Groves

18. BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE July 25 1938

19. FUNERAL DIRECTOR (ADDRESS) Webster Groves Mo

20. FILED JUL 25 1938 J.F. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 23 1938 to July 25 1938
 I last saw him alive on July 24 1938 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

Premature Birth
 Date of onset -
 Other contributory causes of importance: -

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) To Keere M. D.
 (Address) Webster Groves Mo

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.

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