

65-12 DEC 12 1938

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

37334  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City..... St. Louis (d) Street No. City Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 James Patterson

(a) Residence, No. 2530 N. Garrison Ave St. 20 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Della Patterson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 Th 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 -- 4-- 22--  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as saw mill, bank, etc. Shapleighard, Co  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Thomas Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Net Knewen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Della Paterson (ADDRESS) 2530 N Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Nov 9 Th 1938

19. FUNERAL DIRECTOR (NAME) Edward Yorky (ADDRESS) 3516 N 14 St

20. FILED 7 NOV 7 1938 19 J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1938, to Nov 6 1938  
I last saw him live on Nov 6 1938 Death is said to have occurred on the date stated above, at 6:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Perforated Appendicitis

Other contributory causes of importance

Name of operation Drainage Date 11-6-38  
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  
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) Wm L. Seaman, Jr., M. D.  
(Address) 1515 Lafayette 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.

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**