

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 13 1939

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

4851
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, Mo.** (d) Street No. **Saint Louis Maternity Hospital** St. **1544**
 (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 **Patterson, Infant Boy**
 (a) Residence, No. **5406 Genevieve Avenue** St. **7**
 (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 **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 11, 1939**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 _____ 5 _____ 19 hrs. 40 min.

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) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER
 13. NAME **Patterson, James**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Conrad, Mo.**

MOTHER
 15. MAIDEN NAME **Gittmeier, Marie**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **James Patterson**
 (ADDRESS) **5406 Genevieve Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 7, 1939**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
 (ADDRESS) **2161 East Fair Avenue**

20. FILED **FEB 17 1939** **J. D. Bruck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 16, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 11, 1939**, to **Feb 16, 1939**.
 I last saw him alive on **2-16, 1939**. Death is said to have occurred on the date stated above, at **5:28 a.m.**
 The principal cause of death and related causes of importance were as follows:
Miscarriage - 26 wks gestation
 Date of onset _____

Other contributory causes of importance: _____

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

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) **G. H. Sular**, M. D.
 (Address) **St. Louis Maternity Hosp**

STATEMENT BY LICENSED EMBALMER

I, *J. E. [Signature]*, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed *[Signature]*
Licensed Embalmer No. _____

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.)