

DEC'D MAY 10 1939

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

791
1008

13471

Do not use this space.

Registered No. 3813

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... Saint Louis (d) Street No. Homer G. Phillips 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 350 Orie Patton

- (a) Residence, No. 1336a North Garrison Ave. St. 21
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Lee Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25th, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
37 6 28

- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cement Mixer
 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) Moorville
 (STATE OR COUNTRY) Mississippi

- FATHER
 13. NAME John J. Patton

14. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) Mississippi

- MOTHER
 15. MAIDEN NAME Pearl Dixon

16. BIRTHPLACE (CITY OR TOWN) Unavailable
 (STATE OR COUNTRY) Mississippi

17. INFORMANT Willie Lee Patton
 (ADDRESS) 1336a North Garrison Avenue

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE 4/29/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
 (ADDRESS) 4107-09 Finney Avenue

20. FILED APR 24 1939 J. B. Budick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1939, to April 23rd, 1939

I last saw him alive on April 23rd, 1939 Death is said to have occurred on the date stated above, at 1:22 m. p.m.

The principal cause of death and related causes of importance were as follows:

Mesenteric thrombosisDate of onset
4/5/39

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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? No
 If so, specify.....
 (Signed) H. J. Symmes, M.D.
 (Address) Homer G. Phillips Hospital

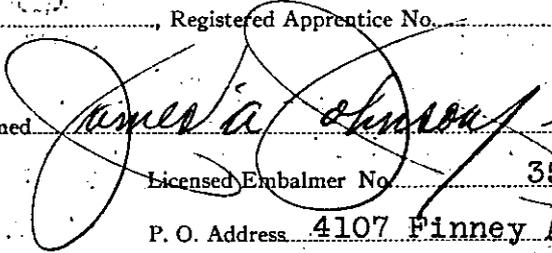
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

BY James A. Johnson

, Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No.

3522

P. O. Address 4107 Finney Ave.

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.