

N 17
 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.

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 1085

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ferguson
 (c) Name of hospital or institution:
Pollock Nursing Home 501 Carson Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma E. Patterson
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 1865
 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Gibson Co. Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name C. Lett

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John L. Patterson
 (b) Address 7375 Amherst ave.

17. (a) Removal (b) Date thereof June 17, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Tennessee

18. (a) Signature of funeral director Hoffman & Co.
 (b) Address 7814 S. Broadway

19. (a) JUN 17 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ferguson
 (If outside city or town limits, write "RURAL")
 (d) Street No. 501 Carson Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 17
 year 1939 hour 9: minute 00 A. M.

21. I hereby certify that I attended the deceased from June 9, 1939
 to June 17, 1939
 that I last saw her alive on June 17, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage

Due to General arteriosclerosis

Due to 82 a 1

Other conditions (include pregnancy within 8 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature Henry C. Westerman (M. D. or other) M. D.
 Address 2136 East Grand Blvd Date signed 6-17-39

Duration
3 weeks
 PHYSICIAN
 Underline the cause to which death should be charged statistically

Atty W. P. Lawrence
2136 E. Green
1-3

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 Edward H. Leubinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.