

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10413**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 days.**
(Specify whether years, months or days)

In this community **30 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____

(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2548 a North Market St.** **20**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Peter J. Patzen**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Patzen**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **October 18, 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	1	29	_____ hr. _____ min.

9. Birthplace **Buffalo New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Foreman -- M.K.T. Railway.**

12. Name **Peter Patzen**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mary Patzen**

(b) Address **2548 a N. Market St.**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Semetary.**

18. (a) Signature of funeral director **Brookland and Co**

(b) Address **1827 Hogan St.**

19. (a) **DEC 18 1940** (b) **J. W. Bredeck**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION **DEC 17**

20. DATE OF DEATH: Month **December** day **17th.**
year **1940** hour **5:30** minute **AM**

21. I hereby certify that I attended the deceased from **June 1939** to **Dec 16 1940**
1939 to **Dec 16 1940**
that I last saw him alive on **Dec 16 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**

Duration **2 yrs**

Due to **acute leukemia**

Duration **2 yrs**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **myocarditis; hydrothorax; cirrhosis liver**

Duration

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature **J. W. Bredeck** (M. D. or other) **MD**

Address **423 Center St. St. Louis** Date signed **12-17-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Ray W. Wilkinson*

Licensed Embalmer No. *3575*

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, fact should be so stated above.