FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8985

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2395

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00017

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3438a St. Vincent Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Malissa ~~A.~~ EADS. Michael

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M. A. Michael

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

7. Birth date of deceased December (Month) 15, (Day) 1864 (Year)

8. AGE: Years 76 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Congleton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Lafayette Patterson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Roland
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Mrs. R. L. Doherty

(b) Address 3438a St. Vincent Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd

19. (a) MAR 17 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 7 minute 37 A. M.

21. I hereby certify that I attended the deceased from 3-12-41, 19, to 3-15, 1941; that I last saw her alive on 3-14-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions Coronary Thrombosis (Include pregnancy within 3 months of death) (Recurrent attack)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gustave Dohms (M. D. or other)

Address 1452 So. Grand Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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 John Ketter

Licensed Embalmer No. 3880

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.