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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12121

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 519

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

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 3/1/41 (Specify whether years, months or days)

In this community: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: 6429 Leschen, Wellston
(If outside city or town limits, write "RURAL")

(d) Street No.: See above
(If rural, give location)

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

3. (a) PRINT FULL NAME: James Patterson

3. (b) If veteran, name war: Civil War

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife: Mary Jane Patterson

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

7. Birth date of deceased: May (Month) 3, (Day) 1844 (Year)

8. AGE: Years 96 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country)

10. Usual occupation: Superintendent

11. Industry or business: -

MOTHER FATHER

12. Name: William Patterson

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

14. Maiden name: Nancy (surname unknown)

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

16. (a) Informant: M. Schulling

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) MAR 8 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1941 hour 2:28 minute p. M.

21. I hereby certify that I attended the deceased from March 1, 1941 to March 6, 1941 that I last saw him alive on March 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis, general,	
Due to severe, with coronary and renal involvement.	unknown
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: -	
Of autopsy: Autopsy performed. See cause of death.	

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): no

(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: C. W. Hughes (M. D. or other)

Address: Chief Medical Officer. Date signed 3/6/41.

(Licensed Embalmer's Statement on Reverse Side)

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 O. R. Thompson, Registered Apprentice No. 248 working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address Francis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.