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FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Missouri Baptist Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days.  
(Specify whether years, months or days)

In this community 0  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MAY H. PATTERSON.

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred R. Patterson. | 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 12, 1875.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>5</u>	<u>24</u>	hr. _____ min.

9. Birthplace Rochester, Wisconsin.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name William E. Hoyt.

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

14. Maiden name Irene Jackson.

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

16. (a) Informant Mr. Fred R. Patterson.

(b) Address 9264 Breckenridge Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-1941.  
(Month) (Day) (Year)

(c) Place: burial or cremation Burlington, Wisconsin.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUL 7 1941 (Received for burial) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 096

(a) State Missouri (b) County St. Louis 13

(c) City or town Overland 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 9264 Brechenridge Ave. NR  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th.  
year 1941 hour 11 minute 55 A.M.

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

Immediate cause of death Cerebral hemorrhage 3dy

Other conditions Broncho pneumonia 2dy  
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy Cerebral hemorrhage  
Pneumonia, Broncho pneumonia

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury

23. Signature Maurice A. Debe (M. D. or other) [Signature]

\*Address 8924 St. Charles Rd Date signed 7/7/41

8924 a St 6  
R.D.

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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St

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.