

FILED
X 26390

SEP 17 1941

State File No.

6690

Registration District No. 791

Primary Registration District No.

Registrar's No.

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
2021 Biddle St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruby Patterson

3. (b) If veteran, name war +
3. (c) Social Security No. BOYKIN

4. Sex FEMALE
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Neal Boykin
6. (c) Age of husband or wife if alive years 25 1899
7. Birth date of deceased (Month) 7 (Day) 25 (Year) 1899

8. AGE: Years 42 Months 0 Days 14 If less than one day hr. — min.

9. Birthplace Paducah Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name Henry Patterson
13. Birthplace Ky.
14. Maiden name Emma Janich
15. Birthplace Meridian Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Boykin
(b) Address 2021 Biddle

17. (a) Burial (b) Date thereof Aug 16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Thomas J. Collins

(b) Address 2734 Sherwood

19. (a) AUG 16 1941 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2021 Biddle St (If rural, give location) 219
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1941 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis and Acute Parenchymatous Nephritis.

Due to Cause undetermined.

Due to _____

Other conditions gta
(Include pregnancy within 3 months of death)

Major findings: Of operations gta
Of autopsy gta

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) (e) Means of injury

23. Signature Thomas J. Collins (Date) 8/14/41
Address Deputy Coroner Date signed

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

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

C. L. Kameel

Licensed Embalmer No. *3452*

P. O. Address *3028 Dueto*

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

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