

S. No. 2
M-9-4-41
Ev. 5-17-39
I X29-484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19899**
Registrar's No. **5821**

LED JUL 20 1942 791
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
5803 Waterman Ave. /
(If not in hospital or institution, write street number or location)

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

In this community **17 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis** **95**
(If outside city or town limits, write "RURAL")

(d) Street No. **5803 Waterman Ave.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____ **no**

3. (a) PRINT FULL NAME **MILLICENT M. PATRICK**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

20. DATE OF DEATH: Month **July** day **7**
year **1942** hour **9:50** minute _____ A.M.

4. Sex **Female** / 5. Color or race **white**

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

21. I hereby certify that I attended the deceased from **March**, 19**41**, to **7/7/1942**
that I last saw her alive on **7-7-42**, 19**42**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Irving Patrick**

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

7. Birth date of deceased: **3** (Month) **11** (Day) **1861** (Year)

Immediate cause of death **acute urinary suppression with uremia and pulmonary edema** **10 days**

8. AGE:	Years	Months	Days	If less than one day
	81	3	26	_____ hr. _____ min.

Due to **Cerebral apoplexy** **10 days**

9. Birthplace **Blue Island** **Illinois**
(City, town, or county) (State or foreign country)

Due to **Hypertensive heart disease** **10 yrs. +**

10. Usual occupation **Home**

Other conditions **Chc. cystitis & pyelitis** **10 +**
(Include pregnancy within 3 months of death)

11. Industry or business _____

Non-retained from J.B.

12. Name **Francis V. Minard**

Major findings: **Cystitis, Pyelitis**

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

Of operations _____

14. Maiden name **Margaret Gilson**

Of autopsy **non-calculi**

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

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

16. (a) Informant **Mrs. F. J. Patrick**

(b) Address **5803 Waterman Ave.**

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **7-8-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Blue Island, Ill.**

(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? _____

18. (a) Signature of funeral director **Alexander Sano**

(b) Address **6175 Delmar Blvd.**

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) **JUL 8 1942** (Date received local registrar) **J. F. Bredich** (Registrar's signature)

23. Signature **W. H. McDaniel** (M. D. or other) **W. H. McDaniel**
Address **282 Pershing** Date signed **7/8/42**

Dr. H. H. Mc Donald
5783 Rushing Pa 9704

OCT 1. 61942

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 Jose E. McCulloch.....

Licensed Embalmer No. 2460.....

P. O. Address 6175 Delmar Ave.....

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.