

Filed DEC 29 1942

318

1003

Registrar's No. 10381

Registration District No.

Primary Registration District No.

015

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

1. PLACE OF DEATH:

(a) County Sy. Louis

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

(c) Name of hospital or institution:
 City Hospital #1
(If not in hospital or institution, write street number or location)

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

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 17

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

(d) Street No. 215 S. 3rd St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 No Attending Physician
(If yes, name country)

3. (a) PRINT FULL NAME George Van Patton

3. (b) If veteran, name war *****

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day December
year 1942 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from No Attending Physician , 19 , to , 19 ;

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

that I last saw him alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

8. AGE:

Years	Months	Days	If less than one day
<u> About 77 </u>			<u> hr. min. </u>

Duration

Due to Ruptured Gastric Ulcer

Due to

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation None

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 117

Of operations

Of autopsy

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas J Callahan
 Coroners Office

(b) Address

17. (a) Removal (b) Date thereof Dec 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Council Bluffs Iowa

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) DEC 29 1942 (b) J. F. Redek
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas J Callahan (M.D. or other)

Address Deputy Coroner Date signed 12-14-42

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..... *Frank J. Owens*
..... Licensed Embalmer No. *7445*
..... P. O. Address *St Louis mo.*

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.