

FILED APR 28 1943

318

Primary Registration District No. 1003

Registrar's No. 3652

1. PLACE OF DEATH:

(a) County ST Louis MO.
 (b) City or town.....
 (c) Name of hospital or institution:
3811 (Rear) Maclede Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST Louis MO (If outside city or town limits, write "RURAL")
 (d) Street No. 3811 (Rear) Maclede Ave (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Isabella PATTERSON.

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, 2 divorced widows

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

7. Birth date of deceased. Jan 8 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day..... hr. min.

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

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER

12. Name Unkn.
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unkn.
 15. Birthplace Unkn. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant HENRIETTA CARROLL

(b) Address 3311 Rear Maclede Ave

17. (a) Burial (b) Date thereof 4-22-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director ELLIS FUN HOME

(b) Address 2820 S Toddard ST.

19. (a) APR 19 1943 J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
 year 1943 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from 4-2- 1943 to 4-17- 1943
 that I last saw him alive on 4-17- 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis 8 mo

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

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 Dr Edward Bell (M. D. or other).....

Address 2901 Maclede Ave. Date signed 4-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 E. Bayless
....., Registered Apprentice No. My
working under my personal supervision.

Signed Fannie Bayless
Licensed Embalmer No. 2946
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.