DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15833

Registration District No. 577

Primary Registration District No. 2002

Registrar's No. 1034 ~~4459~~

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6323 Delmar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6323 Delmar
(If rural, give location)

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

3. (a) PRINT FULL NAME William Joseph PATTON

3. (b) If veteran, name war World War I.

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Helen C. PATTON

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December (Month) 27 (Day) 1891 (Year)

8. AGE: Years 52 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Pueblo (City, town, or county) Colorado (State or foreign country)

10. Usual occupation Construction

11. Industry or business

FATHER
12. Name William PATTON
13. Birthplace STANTON (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Fanning
15. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Miss Aileen PATTON
(b) Address 6323 Delmar - St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address Cuba, Mo

19. (a) MAY 5 1944 (Date received local registrar) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1940 to May 2 1944
that I last saw him alive on April 23 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Degenerative	
Due to: heart disease & bronchial asthma	4 yrs
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
While at work (e) Means of injury

23. Signature F. R. Finnegan (M. D. or other)
Address 539 N Grand Date signed 2/4/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1944

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 John Dean Harris, Registered Apprentice No. 363 working under my personal supervision.

Signed Howard R. Rowland

Licensed Embalmer No. 7114

P. O. Address St Louis, Mo

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

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