

FILED JUN 30 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5645**

1. PLACE OF DEATH:
(a) County **St Louis**
(b) City or town **St Louis**
(c) Name of hospital or institution:
2131 Russell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **25 Years In St Louis.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2131 Russell Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM J. PATTEN**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sarah Patten** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Sept. 16 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business _____

12. Name **JAMES PATTEN**

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

14. Maiden name **JULIA JOHNSON**

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

16. (a) Informant **SARAH PATTEN**

(b) Address **2131 Russell Ave.**

17. (a) **Burial** (b) Date thereof **June 23/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**

18. (a) Signature of funeral director **J. F. Brudnak & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **JUN 21 1944** (Date received local registrar) **J. F. Brudnak** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20** year **1944** hour **1 45 P.** Minute _____ M.

21. I hereby certify that I attended the deceased from **June 12-44** to **June 20 1944**
that I last saw him alive on **June 20 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerosis causing gangrene from knee down.**
Due to **Hemophilia 4 1/2 yrs ago.**
Due to **Second stroke 2 yrs ago.**

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Floyd W. Bennett** (M. D. or other) _____
Address **1890 Ry. Exch. Bldg** Date signed **6-21-44**

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

5897

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, *Said Van Gorman*

Licensed Embalmer No. *4242*

P. O. Address *2906 Grannis*

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.