

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **962**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
10 Lake Forest
(If not in hospital or institution, write street number or location)
 (c) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dena F. Patterson

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Thomas M. Patterson 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased 11/11/1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 21 hr. 6 min.

9. Birthplace Warrington, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Kuhne 4
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Fredericka Nolting
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Vollmar
 (b) Address 10 Lake Forest

17. (a) Removal (b) Date thereof 5/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo

18. (a) Signature of funeral director Robert J. Ambruster Inc
 (b) Address 6633 Clayton Road

19. (a) 5-3-46 (b) E. J. M. Darrant
(Date received local registrar) (Registrar's signature) M.S.A.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Richmond Heights 9
(If outside city or town limits, write "RURAL") 3
 (d) Street No. #10 Lake Forest
(If rural, give location) 0
 (e) Citizen of foreign country? h (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
 year 1946 hour 1.30 minute A M.

21. I hereby certify that I attended the deceased from _____
 _____, 1930 to 4-29, 1946
 that I last saw h alive on 4-, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Embolism
fracture of hip
Senility
 Due to _____
arteriosclerosis
 Due to _____

Duration
3 days
10 days

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

Major findings:
 Of operations _____ **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
 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)

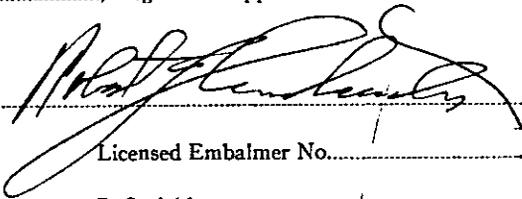
While at work? _____ (e) Means of injury 0

23. Signature J. Sterling (M. D. assistant) MD
 Address 7266 Manchester Ave Date signed 5/2/46

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.....


Licensed Embalmer No.....

P. O. Address.....

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.

State File No. 1682
Registrar's No. 960

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Dena F Patterson

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Nov 11 1914
(Month) (Day) (Year)

8. AGE: Years 23 Months 5 Days 1 (If less than one day) hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

(a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 1946 that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Embolism

Due to Fract. of hip

Due to Senility

Other conditions Arteriosclerosis
(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) Fract. of hip

(b) Date of occurrence 4-21-46

(c) Where did injury occur? Home (City or town) (County) (State) St Louis Co. Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature J. Astley (M. D. or other) _____

Address 726 Manchester Date signed 5-8-46

SUPPLEMENTAL

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

16829

Level
Macy
960

17950