

S. No. 2
DM-2-43
v. 17-39
I X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1879

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(c) Name of hospital or institution Del Hoke's Home 5
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Kirkwood
(d) Street No. 711 S. Kirkwood Rd
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Violetta A. Patten
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1946 hour 5 minute 20 a. M.
21. I hereby certify that I attended the deceased from Jan 1
1938 to 6/25 1946
that I last saw h. ex alive on 6/24 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank Patten 6. (c) Age of husband or wife if alive Dec years 30-1862
7. Birth date of deceased: Apr (Month) 30 (Day) 1862 (Year)

Immediate cause of death: Acute cardiac dilatation 1 day
Due to Chronic myocarditis 5 yrs
Due to Arteriosclerosis 3-4 yrs
Other conditions: Arthritis senile 1 yr
Duration
Physician

8. AGE: Years Months Days If less than one day
84 1 25 hr. min.
9. Birthplace Ballerwin Mo. O.
10. Usual occupation Nil

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Dr Nick Masten
13. Birthplace Kentucky
14. Maiden name Emilie Duval
15. Birthplace St Louis Mo O
16. (a) Informant Mrs George Bopp
(b) Address 102 N. Delaware
17. (a) Burial (b) Date thereof 6-27-46
(c) Place: burial or cremation Manchester M. E. Cem
18. (a) Signature of funeral director Louis H Bopp
(b) Address Kirkwood Mo
19. (a) 6-28-46 (b) W M Sorenson
(Date received local registrar) (Registrar's signature)

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? _____
(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 W M Sorenson (M. D. or other) MD
Address Kirkwood, Mo Date signed 6/27/46

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

16
4
3

NO. 1 64

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..... *Felix Howard*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood 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.