

No. 2
5-5-43
5-17-39
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

Registration District No. 318
Primary Registration District No. 1003

State File No. 32092
Registrar's No. 2852

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

1. PLACE OF DEATH:
(a) County
(b) City or town. Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
In this community 25 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Patton
3. (b) If veteran, name war
3. (c) Social Security No. NO
4. Sex FM 5. Color or race C
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife TOWNY 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 11 (Month) 1 (Day) 1907 (Year)

8. AGE: Years 38 Months 10 Days 7 If less than one day hr. min.

9. Birthplace NEWPORT (City, town, or county) ILL (State or foreign country)
10. Usual occupation HOUSEWIFE

11. Industry or business
12. Name THOMAS LEE
13. Birthplace NEWPORT (City, town, or county) ILL (State or foreign country)
14. Maiden name ESTER
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Towny Patton
(b) Address 1009 N 14th St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation father Dickson

18. (a) Signature of funeral director Bennie Jones
(b) Address 3103 Washington
19. (a) SEP 19 1946 (Date received local registrar) J. S. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 N 14th St 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 8
year 1946 hour 10 minute 10 P M.
21. I hereby certify that I attended the deceased from 8-29 1946, to 9-8 1946
that I last saw her alive on Sept. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension Duration Undet.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy No
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 C. B. Mullins (M. D. or other)
Address 2601 N Whittier Date signed 9/9/46

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..... *H. Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldine*

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.