. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2930

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 705

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #5 N. 9th St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pa. 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. #5 N. 9th St. 69
(If rural, give location)
25
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bert Patterson
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Belle Patterson
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased January (Month) 1 (Day) 1877 (Year)

8. AGE: Years 71 Months 0 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace Oakwood (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business Newspaper Dealer
FATHER
12. Name William Patterson
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Susan Leonard
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Nannie Joiner
(b) Address Oakwood, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1948 hour 4 minute 10 P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Due to Intestinal hemorrhage from liver
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

95

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 Patrick E. Taylor (M. D. or other) Dep. Cor.
Address 1300 Clark Date signed 1-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.