

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **018**

Primary Registration District No. **1003**

Registrar's No. **5621**

1. PLACE OF DEATH:

(a) County..... **0301 Cole Street**
 (b) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2301 A. Cole Street
 (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 **Missouri**..... (b) County..... **000**
 (c) City or town..... **St. Louis**..... **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2301 A. Cole Street**..... **9**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Roberta Pata**

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

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

6. (b) Name of husband or wife..... **Charley Pata**..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **January 6, 1901**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	12	hr. min.

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

10. Usual occupation..... **housewife**

11. Industry or business.....

12. Name..... **unknown**

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

14. Maiden name..... **Carrie Dylers**

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

16. (a) Informant..... **Gladys Pata**

(b) Address..... **2301 A. Cole Street**

17. (a) **burial**..... (b) Date thereof..... **June 26, 48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park**

18. (a) Signature of funeral director..... **Dement & Son**

(b) Address..... **2629-31 Cole Street**

19. (a) **JUN 22 1948**..... (b) **J. J. Braddock**
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **6**..... day..... **18**
 year..... **1948**..... hour..... **9**..... minute..... **00**..... M.

21. I hereby certify that I attended the deceased from.....
, 1948, to.....
 that I last saw him..... alive on.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Nephritis
Accidental Burns

Due to..... **Slight burns did not contribute to cause of death (healed by home remedies).**

Other conditions..... **Acute attack of Chronic Nephritis**
 (include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

Duration **20 days**
10 days
 PHYSICIAN
 Underline the cause of 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..... **J. J. Braddock** (M. D. or other)
 Address..... **2629-31 Cole Street**.....
 Date signed..... **6-24-48**

MOTHER FATHER

WRITE PLAINLY—USING UNFADING INK

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
.....
..... 3489

Licensed Embalmer No.....

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.