

No. 300
-10-47
-17-39
-1 3906

FILED SEP 13 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5973 Theodosia Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AURELIA PATTERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter R. Patterson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 10, 1885.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>2</u>	<u>19</u>	hr. min.

9. Birthplace Florissant, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Perry.

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

14. Maiden name Caroline Aubuchon.

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

16. (a) Informant Mr. Walter R. Patterson.

(b) Address 5973 Theodosia Avenue.

17. (a) Burial (b) Date thereof 9-1-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) AUG 31 1948 (b) J. T. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 4 pm minute 40 M.

21. I hereby certify that I attended the deceased from 8/27/48, 1948, to 8/29/48, 1948;
that I last saw him alive on 8/29/48, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis with perforation and peritonitis

Duration 1 wk.

Due to _____

Due to _____

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy As above

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 E. P. Vermillion (M. D. or other) _____

Address Barnes Hospital Date signed 8/20/48

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

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 Clement McNeary

Licensed Embalmer No. 3737

P. O. Address St. Louis

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.