

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1949

State File No. 21522
5979

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist</u>		STREET ADDRESS (If rural, give location) <u>3743 Lincoln</u> <u>7</u>	
3. NAME OF DECEASED (First) <u>William</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Patterson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7th, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 10th, 1872</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>	11. BIRTHPLACE (State or foreign country) <u>Du Quoin, Ill.</u> /
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Gruendler Co.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Paul Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Margarette Roy Patterson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-14-7808</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margarette Patterson 3743 Lincoln</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subsidiary Embolism of Left Femoral suffered when deceased struck head on iron beam causing deceased to fall to floor about 600 pm June 6 1949</u> ANTECEDENT CAUSES <u>Due to (b) while working at Gruendler Co 2915 N. Market St</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Factory</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 195</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 49 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Fall</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:44 P.M.</u> , from the causes and on the date stated above. <u>11</u>			
22a. SIGNATURE (Name or title) <u>Walter P. Peters</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>7/8/49</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. Peters</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUL 8 1949 J.B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kraeger-Voss 3402 N. Kingshighway</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.