No. 300
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FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14576 3743

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

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): no - 17 S Leonard

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: St. L.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis. 2179
d. STREET ADDRESS (If rural, give location): 17 S. Leonard ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): —
c. (Last): PATTON

4. DATE OF DEATH (Month) (Day) (Year): 4 - 14 - 51

5. SEX: M.
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 6-14-1904
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): FORREST CITY ARK.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: FONDREW PATTON
13b. MOTHER'S MAIDEN NAME: EASTER Blacock
14. NAME OF HUSBAND OR WIFE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates otherwise): NO
16. SOCIAL SECURITY NO.: 498-05-9749
17. INFORMANT'S SIGNATURE OR NAME: K Rosie Lee Patton — **ADDRESS**: 506 Black Land Forest City Ark.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dislocation of 1st Cervicle Vertebra with card Injury; when found lying in the rear yard at his house at 17 So Leonard Ave on April 14 1951 at about 12 4 am

DUE TO (b)

DUE TO (c)

ANTECEDENT CAUSES

Morbid 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. Cause and manner of same could not be determined Open Verdict

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Yard
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 14 51 12 4 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: E 9045

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 12 4 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph M. Leonard — (Degree or title): Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-20-51
24c. NAME OF CEMETERY OR CREMATORY: Oak Dale Cem.
24d. LOCATION (City, town, or county) (State): Lemay Ferry Rd. S. St. Louis,

DATE REC'D BY LOCAL REG.: APR 21 1951
REGISTRAR'S SIGNATURE: J B Lusata
25. FUNERAL DIRECTOR'S SIGNATURE: Herman L. Allen — **ADDRESS**: 4368 Washington St.

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldredge

Webster Grove, 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.