

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41050**

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3115**

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Brentwood		c. CITY (If outside corporate limits, write RURAL and give township) Brentwood	
c. LENGTH OF STAY (If this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 8711 Agnes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 8711 Agnes			

3. NAME OF DECEASED (Type or Print) a. (First) Patterson Eugene b. (Middle) Yeter c. (Last) Yeter			DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952	
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 7, 1884	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR (Month) (Day) (Year)	11. IF UNDER 10 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY MAINTENANCE		11. BIRTHPLACE (City and State or Foreign Country) Green Cove Springs, Fla.		12. CITIZEN OF WHAT COUNTRY? United States	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF SPOUSE OR WIFE Ethel Yeter	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 488-07-0946A		17. INFORMANT'S SIGNATURE OR NAME Ethel Yeter		ADDRESS 8711 Agnes	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4343 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 1951**, to **Nov 30, 1952** that I last saw the deceased alive on **Nov 30, 1952**, and that death occurred at **8:20** m., from the causes and on the date stated above.

23a. SIGNATURE Thomas W. S. (Degree or title)		23b. ADDRESS 2435 Kirkham-Welster Brown, 19 Mo		23c. DATE SIGNED 12-2-52	
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24a. BURIAL OR CREMATION (Specify) (City and State)		24b. DATE 12-5-1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 12-5-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE SINLED FUNERAL HOME		ADDRESS 3615 Easton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3850 Eastern Ave

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.