

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12131

State File No. ....

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2313

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, 2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10 3856a Sullivan Ave. 0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Nellie</u>			b. (Middle) <u>Patten</u>			
c. (Last)			Feb. 27, 1953.			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 26, 1873</u>	9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>?</u> <u>Cornwall</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Samuel Patten, 3856a Sullivan Ave.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Fracture of neck of femur, rt.</u>		<u>3 1/2 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		
II. PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated in the disease or condition causing death.		<u>Severe generalized arteriosclerosis</u>		<u>many years</u>

19a. DATE OF OPERATION <u>Feb 26, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of neck of femur, rt. o.o.d.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in kitchen, home, factory, street, office, etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 23, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell to floor in getting up from chair.</u>	E 9030 20
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22. I hereby certify that I attended the deceased from December 1, 1950, to February 24, 1953, that I last saw the deceased alive on February 24, 1953, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel Patten M.D.</u>	23b. ADDRESS <u>4110 West Florissant Ave.</u>	23c. DATE SIGNED <u>Feb 27, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 2 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

488

**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 Clement M. Mauf

Licensed Embalmer No. 3732

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.