

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30611

State File No.

FILED AUG 25 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 9179

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Jennings		c. CITY OR TOWN Jennings		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 5708 Jennings Rd		STREET ADDRESS (If rural, give location) 5708 Jennings Rd 4148			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Edward	c. (Last) Patterson	(Month) Aug	(Day) 6	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20 1889	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Fulton Iron Co	11. BIRTHPLACE (City and State or Foreign Country) Louisville Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME Archie Patterson	13b. MOTHER'S MAIDEN NAME Mary French	14. NAME OF HUSBAND OR WIFE Louise Patterson
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.	16. SOCIAL SECURITY NO. 494-10-4210	17. INFORMANT'S SIGNATURE OR NAME Louise Patterson	ADDRESS 5708 Jennings Rd
---	--	---	---------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - natural causes		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

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?
--	--	----------------------------

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert R. Domke, Local Registrar	23b. ADDRESS 651 S. Brentwood	23c. DATE SIGNED 8-12-53
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug 10 53	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. 8-7-53	REGISTRAR'S SIGNATURE Herbert R. Domke	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schmur	ADDRESS 3125 Lafayette
--	---	---	-------------------------------

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
Signature of Student Embalmer

Signed *Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lejune*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.