

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44421

FILED DEC 17 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11760

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</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			e. STREET ADDRESS (If rural, give location) <u>3110 Cass</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earleane</u> b. (Middle) c. (Last) <u>Patterson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 53</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11-12-1907</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>DOMESTIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRIVATE FAMILY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TUPELO MISS</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JAMES SKELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ER SCOTT</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EL. SKELLEY 3110 CASS AVE</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pulmonary Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			INTERVAL BETWEEN ONSET AND DEATH <u>Unt'd.</u>
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)		21f. HOW DID INJURY OCCUR? <u>002x</u>		
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"/>	22. I hereby certify that I attended the deceased from <u>12/2/ 1953</u> , to <u>12/9/ 1953</u> , that I last saw the deceased alive on <u>12/9/ 1953</u> , and that death occurred at <u>10:40A.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>E. B. Williamson M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>12/9/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 14 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McBennie Love 3103 Washington</u>			

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.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Al*.....

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.