

STANDARD CERTIFICATE OF DEATH

State File No. **21082**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5275**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		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 <b>4348 Wallace</b>		e. STREET ADDRESS (If rural, give location) <b>4348 Wallace</b>	
3. NAME OF DECEASED a. (First) <b>Emma</b>		b. (Middle) <b>Helen</b>	
c. (Last) <b>Patton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	8. DATE OF BIRTH <b>Apr 24, 1888</b>
9. AGE (In years last birthday) <b>66</b>		10. MONTHS <b>6</b>	11. HOURS <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or foreign Country) <b>Clayton Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George W Hequembourg</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Albert M Patton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert M Patton 4348 Wallace</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>		DUE TO (b) <b>Coronary occlusion</b>		<b>1 month</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Spontaneous rupture of coronary artery</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Spontaneous rupture of coronary artery</b> <b>Pericarditis</b> <b>Coronary atherosclerosis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>4201</b>

22. I hereby certify that I attended the deceased from **Nov 1953** to **June 11, 1954**, that I last saw the deceased alive on **Apr 30, 1954**, and that death occurred at **8:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. Reinschmidt M.A.</b>	23b. ADDRESS <b>508 N. Grand</b>	23c. DATE SIGNED <b>6/11/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>
24d. LOCATION (City, town, or county) (State) <b>Afton Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>
DATE REC'D BY LOCAL REG. <b>JUN 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>

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 *Paul J. Farmer*.....  
Licensed Embalmer No. *4780*

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