

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43899**
Registrar's No. **11719**

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **McLean**

b. CITY OR TOWN **St Louis, Mo** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **Bloomington** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Pacific Hospital** e. STREET ADDRESS (If rural, give location) **603 W. Mill St.** 81208

3. NAME OF DECEASED (Type or Print) a. (First) **George** b. (Middle) **Patterson** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **Dec-23-54**

5. SEX **M**

6. COLOR OR RACE **e**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **June-6-1900**

9. AGE (In years last birthday) **54** UNDER 1 YEAR UNDER 2 YEARS UNDER 5 YEARS UNDER 10 YEARS UNDER 15 YEARS UNDER 20 YEARS UNDER 25 YEARS UNDER 30 YEARS UNDER 35 YEARS UNDER 40 YEARS UNDER 45 YEARS UNDER 50 YEARS UNDER 55 YEARS UNDER 60 YEARS UNDER 65 YEARS UNDER 70 YEARS UNDER 75 YEARS UNDER 80 YEARS UNDER 85 YEARS UNDER 90 YEARS UNDER 95 YEARS UNDER 100 YEARS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Train Porter**

10b. KIND OF BUSINESS OR INDUSTRY **Railroad Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Cairo, Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Patterson**

13b. MOTHER'S MAIDEN NAME **Minnie Watson**

14. NAME OF HUSBAND OR WIFE **Oleander Patterson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME **Oleander Patterson** ADDRESS **Bloomington, Illinois**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Carcinomatosis**
ANTECEDENT CAUSES **due to (b) atelectasis and pneumonia**
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 _____

19a. DATE OF OPERATION **7-23-54**

19b. MAJOR FINDINGS OF OPERATION **Carcinoma of rectum**

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **154X**

22. I hereby certify that I attended the deceased from **Oct-2-1954** to **Dec-23, 1954**, that I last saw the deceased alive on **Dec-23, 1954** and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George E. Howard M.D.**

23b. ADDRESS **407 N. Grand St. St. Louis, Mo.**

23c. DATE SIGNED **Dec 24 9 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **12-24-54**

24c. NAME OF CEMETERY OR CREMATORY **Bloomington, Illinois**

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **DEC 24 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington.**

(Licensed Embalmer's Statement on Reverse Side)

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 *John Binkley*.....
Licensed Embalmer No. *3653*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

[Handwritten mark]