

15055

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1956

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 914

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>									
b. CITY OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Webster Groves/</u>		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 <u>St. Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>415 Buckingham Drive</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>			b. (Middle) <u>ROBY</u>		c. (Last) <u>PATTERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1956</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 13, 1892</u>		9. AGE (In years) (Last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Prim Corporation</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centerville, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Patterson</u>				13b. MOTHER'S MAIDEN NAME <u>UNK Roby</u>				14. NAME OF HUSBAND OR WIFE <u>Hazel L. Patterson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>				16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel L. Patterson-415 Buckingham Drive</u>						ADDRESS	
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>									
				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) m.				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 <u>Apr 2, 1956</u> , to <u>Apr 4, 1956</u> that I last saw the deceased alive on <u>Apr 3, 1956</u> , and that death occurred at <u>Apr 4 m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Carl Robert M.</u>						23b. ADDRESS <u>227 E Lockwood</u>				23c. DATE SIGNED <u>4-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Hebert R. Somke, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Blv'd.</u>							

(Licensed Embalmer - Name on Reverse Side)

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

Mr. Carl E. Strick 10012960
327 East Belemont

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.