

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41075

No. 300  
10.48

FILED JAN 7 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Union</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>Locust Street</b>	

3. NAME OF DECEASED (Type or Print) <b>LOUIS</b>	a. (First) <b>C</b>	b. (Middle) <b>PATKE</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 31, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 18, 1890</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>13</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Villa Ridge, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Patke</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Tobben</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Patke</b>
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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>496-32-1178</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Patke</b>	ADDRESS <b>Union, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Union, Franklin, Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2:30 PM to Dec 31, 1956, that I last saw the deceased alive on 12/31, 1956, and that death occurred at 6:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Hudmann M.D.</b>	23b. ADDRESS <b>Union, Mo.</b>	23c. DATE SIGNED <b>12/31/56</b>
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24a. BURIAL-CREMA-TION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-2-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Gildehaus</b>	24d. LOCATION (City, town, or county) (State) <b>Villa Ridge, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1/2/57</b>	REGISTRAR'S SIGNATURE <b>W. J. Hudmann</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>UNION FUNERAL HOME UNION, MISSOURI</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *Hallam J. Lawaker*

Licensed Embalmer No. *448*

P. O. Address *Union*

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.