

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15129

STATE FILE NUMBER

318

1003

4138

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | | | |
|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Washington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial Hospital | | | | Length of stay in lb 39 | | d. STREET ADDRESS Route # 2 | |
| 3. NAME OF DECEASED (Type or print) NORMAN | | First GERARD | | Middle PATKE | | Last | |
| 4. DATE OF DEATH April 29, 1957 | | Month April | | Day 29 | | Year 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 14, 1953 | |
| 9. AGE (In years last birthday) 3 | | | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | | IF UNDER 24 HRS. Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Washington, Mo. | |
| 13. FATHER'S NAME Joseph F. Patke | | | | 14. MOTHER'S MAIDEN NAME Helen J. Toemies | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Joseph F. Patke, Washington, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute leukemia | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | | | | | | 204.3 |
| } DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. None | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from November 1956 to April 29, 1957 and last saw ^{from} him alive on April 29, 1957 . Death occurred at 7:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE James P. King | | | | (Degree or title) M. D. | | 22b. ADDRESS 1465 S. Grand Avenue | |
| 22c. DATE SIGNED 4/30/57 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 4-30-57 | | 23c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia | | 23d. LOCATION (City, town, or county) (State) Washington, Mo. | |
| 24. FUNERAL DIRECTOR Nieburg - Vitt, Washington, Mo. | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. MAY 1 '57 | |
| 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
Service5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Security: Use standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1922

1922

1922

Washington

Washington

X

Washington

X

St. Louis

X

Route 2

Glendon Memorial Hospital

April 29, 1922

DATE

St. Louis

3

July 11, 1922

White

Male

U.S.

Washington, Mo.

None

Helen E. Thomas

Joseph F. Finkle

Joseph F. Finkle, Washington, Mo.

None

None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. 4100

P. O. Address St. Louis

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

Washington - 1111 Washington, Mo.