

FILED MAR 19 1958

STANDARD CERTIFICATE OF DEATH

1003

1850

Registration District No. 318 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 <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>W.O.A. Home H.</i>		d. STREET ADDRESS (If outside, give location) <i>2190 907 N. Leonard</i>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Cleo Patterson</i>			4. DATE OF DEATH <i>2-12-58</i>
First Middle Last			Month Day Year
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 29, 1957</i>
9. AGE (In years last birthday) <i>5 Mo</i>		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <i>St. Louis Mo.</i>
<i>Child</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Odia Patterson</i>		13b. MOTHER'S MAIDEN NAME <i>Leona Strong</i>	14. NAME OF HUSBAND OR WIFE <i>Child</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Leona Patterson - 907 Leonard</i>
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)			<i>E924018</i>
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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or item 18.) <i>Suffered in bed in home February 12, 1958.</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>9 a.m. 2 12 58</i>			
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, or other office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>910 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) <i>James M Kelly Deputy Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>2-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>2-19-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Father Wilson</i>	23d. LOCATION (City, town, or county) (State) <i>Kirkwood Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>A.H. Burks - 3506 Franklin</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 17 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leroy W. Sammis* .....

Licensed Embalmer No. *4523* .....  
P. O. Address *4251 Washington St.* .....

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.