

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016283

STATE FILE NUMBER

FILED APR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3917

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital.		Length of stay in lb		STREET ADDRESS (If outside, give location) 5579 "A" Easton Ave	
3. NAME OF DECEASED (Type of print) First Middle Last T. Simon Dorothy NMN Patterson		4. DATE OF DEATH Month Day Year 4-7-1958			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-25-1885	9. AGE (In years birthday) 72	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Famous Barr Co.,		11. BIRTHPLACE (City and state or country) St Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Leitner		13b. MOTHER'S MAIDEN NAME Mathilda Sanders	
14. NAME OF HUSBAND OR WIFE Edgerton 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. 494 22 7772		17. INFORMANT Arline D Blair 6052 Mardel St Louis, 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) <u>Melanotic Carcinoma of Cervix.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) none DUE TO (c) None					INTERVAL BETWEEN ONSET AND DEATH 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 175.0					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"/>			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.					
20d. INJURY OCCURRED WHILE AT <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 <u>3-1-1957</u> to <u>4-7-1958</u> and last saw her alive on <u>April 7, 1958</u> Death occurred at <u>4:00 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Probstner M.D.</u> (Doctor or title)			22b. ADDRESS <u>St Louis, Mo</u>		22c. DATE SIGNED <u>APR 8 '58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cemetery;</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>
24. FUNERAL DIRECTOR <u>Hofmeister Colonial Mortuary</u> <u>664 Chippewa Street St Louis, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>APR 8 '58</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith Mo</u> <u>ms</u>

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

Lenus C. Hoffmeier

Licensed Embalmer No. *3871*.....

P. O. Address. *2814 S. Broad*.....

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.