. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

2 /

58-030841
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8036

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. 0 — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSPITAL #1 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS 2330 So, 9th. St (If outside, give location) 2239 0 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First UQUILA Middle Last PATTERSON

4. DATE OF DEATH Month 8-18-58 Day Year

5. SEX Female

6. COLOR OR RACE / White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH Oct 4, 1921

9. AGE (In years last birthday) 36 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Senath Mo 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Ford

13b. MOTHER'S MAIDEN NAME Vera Bohannon

14. NAME OF HUSBAND OR WIFE Delmar Patterson

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. Unknown

17. INFORMANT Norene Bradshaw Address 2315 Bristow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) OVERLAND MO

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aleukemia Leukemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 204.4

INTERVAL BETWEEN ONSET AND DEATH

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 ☒ NO ☐ /

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-16-58, to 8-18-58 and last saw her/him alive on 8-18-58
Death occurred at 1:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Leighton MD 0

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 8-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-18-58

23c. NAME OF CEMETERY OR CREMATORY Local CEMETERY

23d. LOCATION (City, town, or county) (State) Senath, Mo

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington

25. DATE RECD. BY LOCAL REG. AUG 18 58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

AUG 28 1958

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 J. Wm Dinkley

Licensed Embalmer No. 365

P. O. Address St Louis 8

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.