

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015523
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. Primary Registration District No. Registrar No. 23594

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 St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4531 McPherson		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4531 McPherson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EDWARD Last PATRICK			4. DATE OF DEATH Month Day Year April 10, 1959		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min. 6 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Colonel		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Edward Patrick			14. MOTHER'S MAIDEN NAME Wife's name Dorothy McCaffery		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 497-09-3963	17. INFORMANT Address Belle Patrick, 4531 McPherson		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of skull</i> <i>brain.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>E976 X</i> DUE TO (c)		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Explain nature of injury in Part I or Part II of item 18.) <i>Self inflicted in home by a pistol April 10, 1959. While suffering a temporary mental aberration</i>	
20c. TIME OF INJURY Hour a. m. p. m. <i>4 10 59</i>	20d. PLACE OF INJURY (i. e., in or about home, farm, factory, hotel, office bldg., etc.) <i>Home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *1235A* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Patricia R Taylor</i> 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 4/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.		25. DATE RECD. BY LOCAL REG. APR 11 1959	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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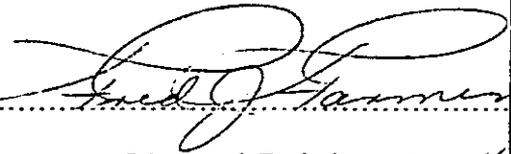
1274

This certificate must be causally related. Coroner cannot certify to a death due to natural causes.

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.....


Licensed Embalmer No...#

P. O. Address *St. Louis*

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