

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **61-015995**

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1057

AMENDED FILED APR 24 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois, b. COUNTY St. Clair,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights,		Length of stay in 1b HRS	c. CITY OR TOWN Cahokia,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2010 Sycamore
3. NAME OF DECEASED (Type or print) First Jacqueline Middle R. Last Patterson,			4. DATE OF DEATH Month April Day 17, Year 1961
5. SEX Female,	6. COLOR OR RACE White,	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home,	9. AGE (last birthday) 25
11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William H. O'Shea,		13b. MOTHER'S MAIDEN NAME Mary Reilly,	14. NAME OF HUSBAND OR WIFE Richard H. 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. None	17. INFORMANT Richard H. Patterson, Address Cahokia, Ill.. 2010 Sycamore,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Influenzal pneumonitis and Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Purulent sinusitis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>10/16/61</u> to <u>Death</u> and last saw her/him alive on <u>10/16/61</u> Death occurred at <u>4:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. McCallister M.D. (Degree or title)		22b. ADDRESS 4161 Lindell Blvd., St Louis 8,	22c. DATE SIGNED 4/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 4/19/61	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-61	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St
St. Louis, 18,

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.