MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2939

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 585

City St. Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME MABEL PATTERSON

(a) Residence. No. 4722 Margaretta St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Patterson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-8-1887

7. AGE: Years 40 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 108 131
(b) General nature of industry, business, or establishment in which employed (or employer): 82A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Little Rock
(STATE OR COUNTRY): Arkansas

PARENTS

10. NAME OF FATHER: Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know

14. INFORMANT: Mr. Harry Patterson
(Address) 4722 Margaretta Ave.

15. FILED JAN 16, 1928 Mrs E Starkoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 15, 1928, that I last saw her alive on Jan 15, 1928, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Lobar pneumonia

Chronic nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

C DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy finding

(Signed) Henry C. Westerman M. D

Jan. 15, 1928 (Address) City Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters Cem. DATE OF BURIAL: 1-18 1928

20. UNDERTAKER: Geo. L. Pleitsch ADDRESS: 5966 Easton ave