

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

Do not use this space.

21686

**1. PLACE OF DEATH**

County... *St. Louis*  
Township... *St. Louis*  
City... *St. Louis*

Registration District No. *784*  
Primary Registration District No. *6032*  
(No. *R 30 B, 25 Baden St.*)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *Baden St.* St. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Otto L. Patten*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 4-1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*68 1 9*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *At home*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Baden*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)

14. INFORMANT *August H. Patten*  
(Address) *Baden St. R 30*

15. FILED *June 13<sup>th</sup> 1928* *O. D. Schmidt* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 13 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 15*, 1927, to *June 12*, 1928 that I last saw h. *is* alive on *Sept 17*, 1928 and that death occurred, on the date stated above, at *6:00* m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Myocarditis*  
*936 Chronic*  
*906*  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *C. W. Schaub*, M. D.  
*6/13/28* (Address) *2309 S. 1st St.*

\*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 DATE OF BURIAL

*St. Louis* *June 15 1928*

20. UNDERTAKER ADDRESS

*John P. Pella* *2707 N. Grand*

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.

