

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

Do not use this space.

16216

4253

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis, Mo. (No. 3822) Ohio Ave St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary A. Patton

(a) Residence. No. 3822 Ohio St. 74 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER James Lynch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14.

INFORMANT Margaret Patton
(Address) 3822 Ohio Ave.

15.

FILED 11 1929 July 17 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1924, to Apr 10 1929, that I last saw him alive on Apr 10 1929, and that death occurred, on the date stated above, at 17:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic
930

(duration) 7 yrs. mos. da.

CONTRIBUTOR (SECONDARY) 90B

(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None

(Signed) A. H. Cleveland, M. D.
4/10 1929 (Address) 3326 Venice 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

Calvary Cem. 4-13-29

20. UNDERTAKER ADDRESS

Ziegenhain Bros 2623 1/2 Bush

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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