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

Do not use this space.

21491

File No. .....

Registered No. 6058

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1608

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Henry Patterson

(a) Residence, No. 1521½ Carr St., 25 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years abt 65 | Months – | Days – | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 13

10. Date deceased last worked at this occupation (month and year) 92

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germ

FATHER

13. NAME: Ben Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germ

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germ

17. INFORMANT (ADDRESS): Gertrude Cheath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE 6-21 1932

19. UNDERTAKER (ADDRESS): Walter Buchter 3600 Rutger St

20. FILED JUN 29 1932 Clark C. Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1932, to 6-20, 1932

I last saw h. alive on 6-20, 1932. Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Chronic nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl Smith, M. D.

(Address) City Hosp. No. 2

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.

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

MARGIN RESERVED FOR BINDING

VS. NO. 2