

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

Do not use this space.

✓ 37379
File No. _____
Registered No. **10018**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. 4324), Vista Av.

2. FULL NAME

John Patzins
(a) Residence, No. 4324 Vista Av. St., 18 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Patzins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7 1882</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>3</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Welder</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>68</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u> <u>14</u>		
FATHER	13. NAME <u>Joseph Patzins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>91</u>	
17. INFORMANT <u>Mary Patzins</u> (ADDRESS) <u>4324 Vista Av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Charles Cem.</u> DATE <u>Nov. 14</u> 19 <u>32</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4104 Manchester Av.</u>		
20. FILED <u>Nov 14 1932</u> <u>W. E. Standley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932, to Nov 10 1932
I last saw him alive on Nov 10 1932. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:
Subarachnoid hemorrhage 10/24/32
257 3 1
Other contributory causes of importance: 1

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? no
If so, specify _____
(Signed) W. E. Standley M. D.
(Address) 2924

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.

STATIONER
JANUARY 1924

Dr. C. E. ... 1924 ... 1-2 ...