

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

Do not use this space.

37452

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo (No. City Hospital #2)

File No.....
Registered No. 10114
St..... Ward)

2. FULL NAME Thomas Patterson

(a) Residence, No. 3952 Bookst. St. 11 Ward.

(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 Color'd | 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) Not Known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 51

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus Labor 21
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Mo 1

MOTHER FATHER
13. NAME Samuel Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 31

17. INFORMANT I da Sanders (ADDRESS) 3952 Bookst Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov 16 1932

19. UNDERTAKER Pope & English (ADDRESS) 2931 Super Ave

20. FILED NOV 16 1932 19 Max C. Stanley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1932, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1253 a.m.

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

Shock & Injuries (Pending)
Obtained when struck by auto in St. Louis, Mo.
Deceased was a pedestrian
Other contributory causes of importance:

Name of operation Homicide Date of 2 Oct.
What test confirmed diagnosis? 7 Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11/12, 1932
Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) J. J. [Signature] (Address) 1116 1/2 S. [Address]

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.

