

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.

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

Do not use this space.

7260

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No.

City Richmond Heights (No. St. Marys Hospital)

File No.

Registered No. 284

St. Ward

2. FULL NAME Agnes E. Patton

(a) Residence, No. 6027 Washington St., 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

Female

4. COLOR OR RACE

White

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

Married

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

Wm J Patton

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

April 2nd 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

35

10

6

OCCUPATION

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

at Home

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

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)

St. Louis

13. NAME

James J. Keough

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

Washington D.C.

15. MAIDEN NAME

Elizabeth Kussnerly

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

Washington D.C.

17. INFORMANT (ADDRESS)

Wm J Patton 6027 Washington Bldg

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cabany

DATE

Feb 11th 1933

19. UNDERTAKER (ADDRESS)

James J. Keough 3840 Euclid Ave St. Louis

20. FILED

Feb. 9 1933 Robt J Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

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

19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1933 to Feb 8, 1933

I last saw him alive on Feb 8, 1933 Death is said

to have occurred on the date stated above, at 6 P m.

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

Date of onset

Brain Tumor
(Metastatic)

Other contributory causes of importance:

Carcinoma of
Rectum

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide? Date of injury

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) Robt J Ambrose, M. D.

(Address) University of St. Louis

Amount cat by

Je. 4536

330 - 5

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1126

Township Rehoboth

Primary Registration District No. 6248

City Rehoboth (No. 1126)

File No. 24

Registered No. 24

St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. G. J. Patton St. St. Louis Ward 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 2 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 10 6

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Feb 9 1933 W. J. Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from

to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) M. D.

(Address)

5-7260