

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.

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

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

Do not use this space.

FEB 11 1936

791

3171

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis Mo (No. 3663) Kaelede av.

File No.....  
 Registered No. 395 Ward

**2. FULL NAME**

(a) Residence, No. 3663 Kaelede av. Ward. 19  
 (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 4 28

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Spokane  
 (STATE OR COUNTRY) Washington

13. NAME Unk. Patterson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Myrtle Patterson  
 (ADDRESS) 3663 Kaelede av

18. BURIAL, CREMATION, OR REMOVAL PLACED St Matthews Cem. DATE Jan 13 1936

19. UNDERTAKER E. J. Schuch  
 (ADDRESS) 312 W. Lafayette av.

20. FILED JAN 11 1936  
J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1936

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:57 p.m.

The principal cause of death and related causes of importance were as follows:  
 (Date of onset)

Lobar Pneumonia, right lung  
Chronic Myocarditis  
Arterio Sclerosis  
 Other contributory causes of importance: 100

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

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) Harold G. Schuch M. D.  
 (Address) St. Louis

