

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.

FEB 11 1936

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

Do not use this space.

791
1003

3324

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. 4205 West Cook Avenue) St. Ward

File No.....
Registered No. 554

2. FULL NAME Frank Patrick

(a) Residence, No. 4205 West Cook Avenue St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, NAME OF HUSBAND OF (or former) Anna Patrick		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unavailable 1873		
7. AGE YEARS 62	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. Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Bolivar**
(STATE OR COUNTRY) **Tennessee**

13. NAME **Willis Patrick**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Unavailable**

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

17. INFORMANT **Vernon Patrick**
(ADDRESS) **4205 West Cook Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **Jan 16, 1936**

19. UNDERTAKER **Charles J. Bates**
(ADDRESS) **4107 Finney Avenue**

20. FILED **JAN 15 1936**
J. H. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 14th, 1935** to **January 13th, 1936**
I last saw him alive on **January 13th, 1936** Death is said to have occurred on the date stated above, at **10:30 A.M.**

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

Chronic Nephritis

Date of onset **6 mos.**

Other contributory causes of importance:

Uremia

4 days

Name of operation **None** 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

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) **J. P. [Signature]**, M. D.

(Address) **822 E. 10th Jefferson**

