

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City, St. Louis,(No. City Hospital No. 1003)File No. 10728Registered No. 3302

St. Ward)

B. 17781

2. FULL NAME

Baby Patton(a) Residence, No.
(Usual place of abode)1610 Franklin St., 25 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
male4. COLOR OR RACE
white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1937

7. AGE YEARS

MONTHS

DAYS

If LESS than 1
day 15 hrs.
or 15 min.newborn00

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.nil9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Missouri

MOTHER

13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)15. MAIDEN NAME Janis Patton16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)West Virginia17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Crematory DATE 3/25/3719. UNDERTAKER David Van Fossan
(ADDRESS) City Hospital No. 120. FILED MAR 25 1937J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/37, 1922. I HEREBY CERTIFY, That I attended deceased from
3/16/37, 1937, to 3/15/37, 1937.I last saw him alive on 3/15/37, 1937. Death is saidto have occurred on the date stated above, at 6.50 a.m.

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

Premature Infant

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) J. Bredeck(Address) City Hospital No. 1, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
GENERAL INVESTIGATIVE DIVISION
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

NOV 11 1954

ADVISORY BOARD

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]