

MAY 7 1937

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

Do not use this space.

14750

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis, Mo.** (No. **Missouri Baptist Hospital**) St. Ward) Registered No. **4246**

2. FULL NAME **Claude R. Patterson**

(a) Residence, No. **1209 Missouri** St. **22** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **30** 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 **Lillie Patterson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16, 1878**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 58 9 6

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

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

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) **Indiana**

13. NAME **Rufus Patterson**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Lillie Patterson 1209 Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **April 26, 37**

19. UNDERTAKER (ADDRESS) **W. B. Maynard 1926 Allen Ave.**

20. FILED **APR 24 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 16 - 37** to **Apr 22 - 1937**
I last saw him alive on **Apr 22**, 1937. Death is said to have occurred on the date stated above, at **7 P.M.**

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

Diabetes (Crua) Date of onset ?

Other contributory causes of importance: **Chronic paronychia, nephritis**

Name of operation **None** Date of
What test confirmed diagnosis? **Clinal** 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? **no**
If so, specify **Ca white**

(Signed) **Ca white** M. D.
(Address) **919 N. Taylor Ave**

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.

RECORD IS A PERMANENT RECORD

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