

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.

JUN 29 1937

1. PLACE OF DEATH

County St. Louis  
Frontwood  
Township Central  
City (No. 8748 Rose Ave.)

Registration District No. 789  
Primary Registration District No. 6033

File No. 21311  
Registered No. 141

2. FULL NAME Samuel Jesse Patterson

(a) Residence, No. 8748 Rose St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Abt. 83

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

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) Charleston South-Carolina

13. NAME Samuel Jesse Patterson

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

15. MAIDEN NAME Hannah ?

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

17. INFORMANT Alma Patterson (ADDRESS) 8748 Rose St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo. DATE 5/19/37 19.

19. UNDERTAKER W. S. Wade Und. Co., (ADDRESS) 4202 Finney Ave.

20. FILED 5-18-37 1937 W. S. Wade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1937, to 5/13, 1937

I last saw him alive on 5/13, 1937. Death is said to have occurred on the date stated above, at 7:21 a.m. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset

Other contributory causes of importance: Chronic nephritis

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease of injury in any way related to occupation of deceased?  
If so, specify None

(Signed) W. S. Wade, M. D.

(Address) 4202 Finney Ave.

4117 a *Becc*