

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

Do not use this space.

1. PLACE OF DEATH **III 8 - 1937**

**791**  
**1003**

22051

County.....  
Township.....  
City **St. Louis, Mo.** (No. **4535 Greer Ave.**)

Registration District No.....  
Primary Registration District No.....

File No.....  
Registered No. **5803**  
St. .... Ward)

2. FULL NAME

**William M. Patterson,**

(a) Residence, No. **4535 Greer Ave.**, St. **10** 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 **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 **Evelyn Patterson.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7th, 1845**

7. AGE YEARS **91** MONTHS **14** DAYS **4** If LESS than 1 day, ..... hrs. or ..... min.

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

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) **Ireland**

13. NAME **Not Known**

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

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **Deane Patterson,** (ADDRESS) **4535 Greer Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory June 14th**

19. UNDERTAKER (ADDRESS) **Hy Richter and Co. 1417 N. Market St.**

20. FILED **JUN 13 1937** **J. B. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 1 1937** to **June 11 1937**

I last saw him alive on **June 11 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:

**Nephritis - chr. Interstitial**

Other contributory causes of importance:

**Senility**

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. D. Miller** M. D.

(Address) **2505 N. 15th St**

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.

*Patterson*

OCCUPATION  
MOTHER  
FATHER

15  
15  
31

Date of onset  
**6/1/36**

