

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

43257

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Carroll to City Hospital Registered No. 11507
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5801 JULIAN St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. 135
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) New Haven, Mo.

FATHER 13. NAME Lafayette Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

MOTHER 15. MAIDEN NAME Emma Kiige
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Lillian Morani
5801 Julian

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 12-15 1937

19. FUNERAL DIRECTOR (ADDRESS) Mullins Bros.
4259 Lindell Blvd.
J. Bredeck

20. FILED 19 1937 Local Registrar

NO MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

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

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Coronary Sclerosis.

Chronic Nephritis.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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..... (Signed) Joseph M. Quinn M.D.
Address Agent Corner

STATEMENT BY LICENSED EMBALMER

I, W. Rogers, Licensed Embalmer No. 3905-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. Rogers

Licensed Embalmer No. 3905-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)