

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

466
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 322
(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(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. da.
C. 14736
2. PRINT FULL NAME Thomas Patterson 362
(a) Residence, No. 2405 Hadley St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 RUBY PATTERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 6 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer
9. Industry or business in which work was done, as saw mill, bank, etc. day
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) Clay County Kansas

FATHER
13. NAME Wm Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ark

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE P1660 TYPARK DATE Jan 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm S. Tanner 6107 National Bldg Bldg

20. FILED JAN 10 1938 J. F. Brebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/38 19

22. I HEREBY CERTIFY That I attended deceased from 1/6/38 1/10/38
him 1/18/38 19

I last saw him alive on 12/56 19

Death is said to have occurred on the date stated above, atm.

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

olar pneumonia
108
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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 95
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Wm S. Tanner M. D.
(Signed) (Address) City Hospital No. 1

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

STATEMENT BY LICENSED EMBALMER

I, L. B. Tanner, Licensed Embalmer No. 2922

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. B. Tanner

Licensed Embalmer No. 2922

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