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.

REC'D MAR 14 1938

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

4542
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1187
(c) City St. Louis Mo. (d) Street No. 2709 Gamble St. 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. ds.

2. PRINT FULL NAME Rosa Patterson 362
(a) Residence, No. 2709 Gamble St. St. 21
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 21, 1891

7. AGE: YEARS 46 | MONTHS 9 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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): Nashville Tenn.

FATHER
13. NAME: Walter True.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Tenn.

MOTHER
15. MAIDEN NAME: Lulu Penn.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Tenn.

17. INFORMANT (ADDRESS): Mildred Patterson 2709 Gamble

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Feb. 3 1938

19. FUNERAL DIRECTOR (ADDRESS): Wright's Funeral Home 3100 Easton Ave.

20. FILED FEB 1 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25-, 1938, to 1-30-, 1938
I last saw her alive on 1-30-, 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	
Other contributory causes of importance:	
Myo-Carditis	60-8 months

Name of operation Clinical Symptoms
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) L. Walthall MD, M. D.
(Address) 1001 N Jefferson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

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 William C. McDowell

Licensed Embalmer No. 2114

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