

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20373

Do not use this space.

5512

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis(e) Length of residence in city or town where death occurred 10 yrs. mos. ds.Registration District No. 791Primary Registration District No. 1003(d) Street No. Homer Phillips

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Catherine Patton(a) Residence, No. 4355a Couzens

(Usual place of abode, if no street address, write county or city)

St. 11

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1865

7. AGE

YEARS

72

MONTHS

8

DAYS

19

If LESS than 1 day, hrs. or min.

OCCUPATION

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

nil

9. Industry or business in which work was done, as 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)

Tennessee

FATHER

13. NAME

James Brown

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

North Carolina

MOTHER

15. MAIDEN NAME

Agnes Pickett

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

Tennessee

17. INFORMANT (ADDRESS)

Evelyn Hilliard2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington ParkDATE June 6, 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Atkins Bros and
3644 Finney Ave

20. FILED

JUN 18 1938J.P. Brudick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 193822. I HEREBY CERTIFY, That I attended deceased from May 29, 1938 to June 14, 1938I last saw h. er alive on June 14, 1938 Death is saidto have occurred on the date stated above, at 9:35a.m.

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

Hypertensive heart diseaseDate of onset
5/29/38

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis clinical 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) C. L. Lewis, M. D.(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Louis V. Atkins

or by _____

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

Signed _____

Louis V. Atkins

Licensed Embalmer No. _____

2842

P. O. Address _____

36447mm

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.)

If this body is not embalmed, above space should be left blank.