

REC'D SEP 27 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100827670
Do not use this space.

1. PLACE OF DEATH

 (a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Humboldt Avenue R. R. Yards 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.
Registration District No. 3Primary Registration District No. 1Registered No. 76842. PRINT FULL NAME Gustavious H. Patterson
 (a) Residence, No. 4529 N. Kingshighway Blvd. St. 7
 (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) Widower

 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Annabelle (nee Brome) M. Patterson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1870
 7. AGE YEARS 68 MONTHS 4 DAYS 5 If LESS than 1 day,hrs. ormin.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car inspector
 9. Industry or business in which work was done, as saw mill, bank, etc. C. B. & Q. R. R.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

 12. BIRTHPLACE (CITY OR TOWN) Galeon
 (STATE OR COUNTRY) Ohio
13. NAME L. A. Patterson
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)
15. MAIDEN NAME Mary Ann Hupp
 16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

 17. INFORMANT (NAME) Mrs. Barney J. Sutter
 (ADDRESS) 4529 N. Kingshighway Blvd.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Aug. 31, 1938

 19. FUNERAL DIRECTOR (NAME) Math Hermann & Son
 (ADDRESS) 2161 E. Fair Avenue

 20. FILED AUG 30 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1938

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

 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 8:58 A. M.

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

 Pulmonary Thrombosis; (Cause h/c)
 CONTRIB: Arteriosclerosis;
 Chronic Diffuse Nephritis.

Other contributory causes of importance:

 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 See above
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....

 (Signature) Joseph M. Sutter
 (Address) Deputy Coroner

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Roman Hampton

Licensed Embalmer No.

2967

P. O. Address

2161 C Fair Av

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.