

REC'D FEB 10 1939

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

25

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, Mo. / (d) Street No..... St. Johns Hospital..... 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

362 BABY PATTERSON
(a) Residence, No. 1930a Sullivan Ave., 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1st, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) St. Louis, Mo.

FATHER 13. NAME James Patterson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Emma Gastand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT James Patterson,
(ADDRESS) 1930a Sullivan Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan. 2nd, 1939

19. FUNERAL DIRECTOR (NAME) Henry Leidner Und.
(ADDRESS) 1817 N. Market Street.

20. FILED JAN 2 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1939, to 1-1-1939.

I last saw him alive on 1-1-1939. Death is said to have occurred on the date stated above, at 6:20 A.M.

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

Atelantia
Premature

Date of onset
1-1-39

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.....

Nature of injury.....

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

If so, specify (Signed) K. L. Hufferly, M. D.

(Address) 1942 N. 11th St.

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.....

Licensed Embalmer No. *1694*

P. O. Address *2723 St Louis Ave*

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.