

REC'D FEB 10 1939

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

885
Do not use this space.

791

1003

Registered No. 885

1. PLACE OF DEATH

- (a) County St. Louis Mo Registration District No. 1
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis Mo (d) Street No. 6105 Pershing Registered No. 885
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

- 3550 Katherine C. Patton
(a) Residence, No. 6105 Pershing St. 5 (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 <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Patton.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31 - 1858</u> | | |
| 7. AGE <u>80</u> | YEARS | MONTHS <u>7</u> DAYS <u>26</u> |
| | | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u> | |
| | 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) Milwaukee
(STATE OR COUNTRY) Wisc13. NAME John Fenning14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)15. MAIDEN NAME Naylor16. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)17. INFORMANT Dileen Patton
(ADDRESS) 6105 Pershing18. BURIAL, CREMATION, OR REMOVAL
PLACE St James Mo DATE 1-30-193919. FUNERAL DIRECTOR (NAME) Holloway Funeral Home
(ADDRESS) Cuba Mo.20. FILED JAN 28 1939
J. F. Brice Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-193922. I HEREBY CERTIFY, That I attended deceased from 6-1-1938, to 1-27-1939I last saw her alive on 1-27-1939 Death is saidto have occurred on the date stated above, at 2:30 p.m.

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

Carcinoma of Rectum 6/1/38
Date of onset

Other contributory causes of importance:

Name of operation H. Hunt Date of 1-27-1939
What test confirmed diagnosis? autopsy 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? No.If so, specify Yes. P. Berman, M. D.
(Signed)(Address) 1225 No Grand

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

Sheward J. Rowland

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

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.