REC'D JUN 12 1939

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

16787
Do not use this space.
4321

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City or Town St. Louis, Missouri (d) Street No. ....., City Sanitarium 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 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
362

2. PRINT FULL NAME William L. Patterson

(a) Residence, No. 5214 Kensington St. /2
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-1864

7. AGE: Years 74 | Months 5 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

FATHER
13. NAME James P. Patterson
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Amanda Wilson
16. BIRTHPLACE (CITY OR TOWN) Sparta,
(STATE OR COUNTRY) Illinois

17. INFORMANT John B. Varner, M.D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE 5/10/39, 19

19. FUNERAL DIRECTOR (NAME) Edith E. Ambruster
(ADDRESS) 4234 Manchester

20. FILED MAY 9 1939 J. F. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 5-8-39, 19
I last saw h. 1m alive on 5-8-39, 19. Death is said to have occurred on the date stated above, at 5:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (1936x)	
93c	

Other contributory causes of importance:
Arteriosclerosis ((onset 7-1-38x)
Non United Fr. left Femur (7-1-38x)
Senility

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 abt 5 yrs ago, 19
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury In left Femur
Nature of injury Fell down stairs

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John B. Varner, M. D.
(Address) City Sanitarium

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

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 Florenz Eynok

Licensed Embalmer No. 1284

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.