

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 13 1939

791
1003MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37594

Registration District No.

Primary Registration District No.

Registrar's No.

9433

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT
FULL NAMEAlma Rose Patton 3503. (b) If veteran,
name war _____

8. (c) Social Security

No. 343-10-22364. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Howard6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased August 27 1895
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

4425

hr.

min.

9. Birthplace

GoodlandKansas

(City, town, or county)

(State or foreign country)

10. Usual occupation

Bookkeeper

11. Industry or business

Soudamore Bros.

MOTHER FATHER

12. Name Maurice Lewis13. Birthplace Clay Co.Illinois

(City, town, or county)

(State or foreign country)

14. Maiden name Sallie Carden15. Birthplace QuitmanMissouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Howard T. Patton(b) Address Flora, Illinois17. (a) Removal(b) Date thereof 11/3/39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Flora, Illinois

18. (a) Signature of funeral director

Albert H. Hoppe(b) Address 4700 Washington Ave. St. Louis

19. (a) Date received by Registrar

(b)

J. F. Buduh
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County _____
(c) City or town Flora
(If outside city or town limits, write "RURAL") N.R.
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1939 hour 2 minute 30 P. M.21. I hereby certify that I attended the deceased from Oct 6, 1939
to Nov 2, 1939that I last saw him alive on Nov 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Pericardial Effusion

Duration

1 moDue to Obstruction of Sup.
Vena Cava2-3 moDue to Thrombosis of
Pressure on Sup. Vena2-12 moOther conditions Cause by Endocarditis
(Include pregnancy within 3 months of death) MetastasesMajor findings:
Of operations _____

PHYSICIAN

Of autopsy Plum & Pericardial
Effusion. Metastatic ofUnderline
the cause to
which death
should be
charged statistically22. If death was due to external causes, fill in the following: External

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature J. F. Buduh M. D. (M. D. or other)
Address 4500 Olive St. Date signed 11/3/39

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.