

JAN 12 1939

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42070

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 11193

1. PLACE OF DEATH: 2
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 2916 Pine
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Emma Lou Patton 258
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Young W. Patton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 About 74 hr. min.

9. Birthplace Charleston N.C.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Wiley Watson
 13. Birthplace Charleston N.C.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Tucker
 (b) Address 2916 Pine Street
 17. (a) Removal (b) Date thereof Dec. 30 '39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Yazoo City, Miss.
 18. (a) Signature of funeral director Russell Unit. Co.
 (b) Address 2732 Pine Street
 19. (a) DEC 28 1939 (b) J. B. [Signature]
 (Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2916 Pine St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC. day 26
 year 1939 hour 3 minute 45 P. M.
 21. I hereby certify that I attended the deceased from Dec. 6 1939 to Dec 26 1939
 that I last saw her alive on DEC. 22 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 20 days
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (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) _____
 23. Signature [Signature] (M. D. or other) MD
 Address 2650 Franklin Date signed 12/28/39

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.

Rev. W. H. Clark

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.....

Joel Russell

Licensed Embalmer No.....

4112

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.