

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4342
1172

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

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: ISOLATION HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hrs. & 15 MIN.
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME 350 HELLEN PATTEN

8. (b) If veteran,
name war

8. (c) Social Security
No.

4. Sex FEMALE
5. Color or
race WHITE

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife
George Patten

6. (c) Age of husband or wife if
alive 48 years

7. Birth date of deceased Jan 23, 1897.
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 10
If less than one day
hr. 0 min 0

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name Thompson Higgins

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bridget J. Farrell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature STELLA GRADY.

(b) Address 5600 ARSENAL ST.

17. (a) Burial (b) Date thereof 2-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1329 Union Bldg.

19. (a) FEB 5 1940 (b) J. B. Brubaker
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 21
(c) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL")
Street No. 3218 EASTON AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. 3 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1940 hour 2:45 minute P.M.

21. I hereby certify that I attended the deceased from 2/2
1940 to 2/3 1940
that I last saw her alive on 2/3
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Oesophagus

Due to Hemorrhage of

Due to Oesophagus

Other conditions Hemorrhage of
(Include pregnancy within 3 months of death)

Major findings: Oesophagus
Of operations

Of autopsy same

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 2-6-40
(c) Where did injury occur? St. Louis
(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 gun

23. Signature See 1. Brubaker (M. D. or other)

Address 1329 Union Bldg. Date signed Feb 5 1940

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. *1396*

P. O. Address *4106 E. 12th 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.