

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8631

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2114

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
13 Kingsbury Place 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years  
years, months or days

3. (a) PRINT FULL NAME Emily Marion Patton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph M. Patton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 19 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 9 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroeton Pa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Hiram Fowler  
13. Birthplace Pa  
(City, town, or county) (State or foreign country)  
14. Maiden name Marion Elizabeth Young  
15. Birthplace Pa  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Thomas H. Young  
(b) Address 13 Kingsbury Place

17. (a) Removal (b) Date thereof 3/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo

18. (a) Signature of funeral director Wagoner Und Co  
(b) Address 3621 Olive Street

19. (a) MAR 2 1940 (b) J. F. Birdbeck  
(Date Received Local Health Officer's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 13 Kingsbury Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1940 hour \_\_\_\_\_ minute 8 p.m.

21. I hereby certify that I attended the deceased from Jan, 1932, to March 1, 1940  
that I last saw her alive on March 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chronic coronary occlusion  
Due to Age  
Due to \_\_\_\_\_  
Other conditions Diabetes  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of Injury \_\_\_\_\_  
23. Signature Walter Tisdell (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed March 2 1940

14 Lenox Pl.

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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 William L. Chamber

Licensed Embalmer No. 4052

P. O. Address 3621 Olive St

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.