

Registration District No. **791**

Primary Registration District No. **1003**

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank Patterson 362

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-12-9762

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Patterson 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 1 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>21</u>	hr. min.

9. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 1

12. Name Jim Patterson

18. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)

14. Maiden name Fathie Bishop

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

16. (a) Informant Ella Bishop

(b) Address 3136 A Whittier

17. (a) Burial (b) Date thereof 4-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bellis Funeral Home

(b) Address 2520 Stoddard St

19. (a) APP 24 1940 (b) J. D. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3659 Cook
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1940 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3-5-40, 1940, to 4-22-40, 1940
that I last saw him alive on 4-22-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Abt	Duration
<u>Intestinal Obstruction</u>	<u>Abt</u>	<u>2 mos</u>
<u>Carcinoma of Colon</u>	<u>Abt</u>	<u>4 mos</u>

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)
(e) Means of injury _____

23. Signature R. C. Hackney (M. D. or other) 1

Address 2601 N. Whittier Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 myself

Lonnie Baykins, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2946

P. O. Address St Louis

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.