

Registration District No.

Primary Registration District No.

Registrar's No.

FILED 7-11-1940

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:
City Hospital # 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits write "RURAL")
(d) Street No. 4352 West Papin St.
(If rural, give location)
(e) If foreign born, how long in U.S. _____ years.

8. (a) PRINT FULL NAME Clarence E. Patton 350

8. (b) If veteran, name war None 3. (c) Social Security No. 459-10-4579

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 21st 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tobacco Worker 2 Yrs ago

11. Industry or business Liggett & Meyers

12. Name Joseph Patton

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Sheridan

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

16. (a) Informant Mrs. Walter Warfield

(b) Address 8222 Manchester Rd.

17. (a) Burial (b) Date thereof 6-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) _____ (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1940 hour 11:10 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction
Coronary Artery Disease
Myocardial Infarction

Due to _____

Due to _____

Other conditions _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Joseph H. Patton (M. D. or other) _____

Address Department of Health (Date signed) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Eburn M. Bennett

Licensed Embalmer No.

3024

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.