

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941
Registration District No. **791**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **905**
Registrar's No. **905**

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: **5064 Vernon Ave**
(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

3. (a) PRINT FULL NAME **ADELAIDE SWEET PATTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **472-07-6659**

4. Sex **2** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **CERHART PATTON** 6. (c) Age of husband or wife if alive **20 60** years
7. Birth date of deceased **MARCH 13 1888**
(Month) (Day) (Year)

8. AGE: Years **52** Months **10** Days **13** If less than one day hr. min.

9. Birthplace **LOUISVILLE KENTUCKY** (City, town, or county) (State or foreign country)

10. Usual occupation **SUPERVISOR**

11. Industry or business **SOUTH WESTERN BELL TELEPHONE**

12. Name **JAMES J. SWEENEY**

13. Birthplace **ST. LOUIS MO** (City, town, or county) (State or foreign country)

14. Maiden name **ADELAIDE STANTON**

15. Birthplace **LOUISVILLE / KEN** (City, town, or county) (State or foreign country)

16. (a) Informant **MARY A. MEEK**

(b) Address **3039 EASTON AV**

17. (a) **CALVARY** (b) Date thereof **1 29 '41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem**

18. (a) Signature of funeral director **Muth + Schuman**

(b) Address **3039 Easton Av**

19. (a) **JAN 28 1941** (b) **J. M. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **100**
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **127**
(d) Street No. **5064 VERNON AV.** (If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26** year **1941** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **8/24/40** to **1/26/41**, 19____; that I last saw her alive on **1/26/41**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **3 mos**

Due to **Hypertension**

Other conditions **g3a**
(Include pregnancy within 3 months of death)

Major findings: Of operations **g3a**

Of autopsy **g3a**

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 **0**

23. Signature **M. L. Mistachin** (M. Dr. or other)
Address **12592 Kingsburyway** Date signed **1/27/41**

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.....

John Ketter
Licensed Embalmer No. 3880

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, fact should be so stated above.