

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 5373  
Registrar's No. 1621

Registration District No. 791 1 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(c) Name of hospital or institution:  
St Marys Inf. 1500 Papin St  
(d) Length of stay: In hospital or institution 2 hours  
In this community 2 hours

3. (a) PRINT FULL NAME LELA Bristley Patterson  
5. (b) If veteran, name war none 3. (c) Social Security No. none  
4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alex Patterson 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Jan 20 1898

8. AGE: Years 43 Months \_\_\_\_\_ Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bald Knob Ark.  
10. Usual occupation Housewife  
11. Industry or business at Home  
12. Name Alex Hudgens  
13. Birthplace White County Ark.  
14. Maiden name Bettie Sellers  
15. Birthplace Tuple Miss.

16. (a) Informant's own signature Alex Patterson  
(b) Address Venice 117  
17. (a) Burial (b) Date thereof Feb 22 1941  
(c) Place: burial or cremation St George Cem. B. St Louis  
18. (a) Signature of funeral director W. Marshall  
(b) Address 2225 Maple East St Louis  
19. (a) FEB 19 1941 (b) J. H. Brudeck

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Madison  
(c) City or town Venice  
(d) Street No. 1015 Logan St.  
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 16 year 1941 hour 2 minute 45 A. M.  
21. I hereby certify that I attended the deceased from Jan. 31, 1941 to Feb. 16, 1941 that I last saw her alive on Feb. 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Mitral Insufficiency of the heart with non-compensation</u>	<u>10 Mos</u>
<u>Hydro-Thorax</u>	<u>1 wk.</u>
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
28. Signature J. Hearle (M. D. or other) J.D  
Address Lovejoy, Illinois Date signed 2-17-41

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.....

*William Claude Gordon*, Registered Apprentice No.....  
working under my personal supervision.

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Volmer*

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.