

Registration District No. 791 Primary Registration District No. 1005 Registrar's No. 2004

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:
Little Sisters of Poor. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Patten.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife Mary C. Pillmann. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown. 1846
(Month) (Day) (Year)

8. AGE: Years 94 Months Unknown. Days _____ If less than one day hr. _____ min. _____

9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Patten.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Potten.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeanne.

(b) Address 3225 No. Florissant Ave.

17. (a) Burial. (b) Date thereof 3-4-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 3 1941 (b) J. J. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis. 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 80 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3
year 1941 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 1, 1941, to March 3, 1941
that I last saw her alive on March 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 Mos
Duration

Due to _____
Due to _____
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations ACC
Of autopsy ACC
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 0

23. Signature Anthony G. Piekowski (M. D. or other) M.D.
Address 1525a Cass Ave. Date signed 3/3/41

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.....

W. Van Matre

Licensed Embalmer No.

2825

P. O. Address.....

4340 Lafayette

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.