

No. 2
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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8008
Registrar's No. 15-

FILED MAR 13 1942
Registration District No. 830

Primary Registration District No. 4523

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 years
(Specify whether years, months or days)

In this community 77 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE EMORA PATTERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

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. 30 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace Monroe Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER {

12. Name John Patterson

13. Birthplace Augusta Co. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Maria Jayline Reed

15. Birthplace Augusta Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. W. W. W.

(b) Address Clorena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director E. Hayes

(b) Address St. Louis, Mo.

19. (a) Feb. 18, 1942 (Date received local registrar) (b) Madge Croach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 12 1942 to Feb. 13 1942

that I last saw him alive on Feb. 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Protoplasmic pneumonia Duration 3 da

Due to _____

Due to _____

Other conditions Toxemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 107

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 A. R. Simpson (M. D. or other) 100
Address St. Louis, Mo. Date signed _____

RECEIVED

District Health Officer No. 10

Act File Number 10-42-315

Filed 10 1943

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.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1437

P. O. Address Spedina, Mo.

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.