

Registration District No. **791**

Primary Registration District No. **1003**

20  
17  
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **Saint Louis Missouri**

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

(d) Length of stay: In hospital or institution **0**  
(Specify whether years, months or days)

3. (a) PRINT FULLNAME **Edgerton O. Patterson**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Dorothy M. Patterson**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **August 14th, 1879**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **4** If less than one day hr. min.

9. Birthplace **Unknown Canada**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Elevator Construction**

11. Industry or business.....

MOTHER FATHER { 12. Name **? Patterson**

13. Birthplace **Unknown Canada**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Canada**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy M. Patterson**

(b) Address **High Ridge Missouri**

17. (a) **Burial** (b) Date thereof **March 21, 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **near St Marcus Cn**

18. (a) Signature of funeral director **Zegankeri B. Co.**

(b) Address **6409 Gravois Ave.**

19. (a) **MAR 20 1942** (b) **J. J. Brudak**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **NTR**

(c) City or town **High Ridge**  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th**, year **1942** hour **three** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **March 2 1942** to **March 18, 1942** that I last saw him alive on **March 18, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis, basilar artery** Duration **3 mo.**

Due to **Arteriosclerosis; generalized** uncertain

Due to **30C**

Other conditions **Syphilis of central nervous system.**

Major findings: **None performed**

Of operations **3/18**

Of autopsy **Above confirmed**

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) **no**

(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 **G. O. Brown** (M. D. or other) **M.D.**

Address **St. Louis Mo. Desloge Hosp.** Date signed.....

