

FILED JUN 15 1942

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
5640 Statler 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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 5640 Statler Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME John H. Patke

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-62-8168

4. Sex OM 5. Color or race W. 6. (a) Single, widowed, married, divorced. M.

6. (b) Name of husband or wife Mary L. Patke 6. (c) Age of husband or wife if alive. 50 years

7. Birth date of deceased. March 6th. 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>29</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Milk Salesman

11. Industry or business.....

12. Name John M. Patke

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Herbeck

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

16. (a) Informant Mrs. Mary L. Patke

(b) Address 5640 Statler Ave.

17. (a) Burial (b) Date thereof 6-8-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) 6-7-42 (b) Ch. Mc Laurin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th.,  
year 1942 hour 3 minute 15 a. m.

21. I hereby certify that I attended the deceased from June 2nd  
1942 to June 5th 1942  
that I last saw him alive on June 2nd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Sclerosis Doubt  
Fluor

Due to.....  
Due to.....  
Other conditions..... 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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?..... (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 R. R. Menown (M. D. or other) m.h.  
Address 5330 Geraldine Date signed 6/5/42

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

MOTHER FATHER

6  
0  
0

0 1/2

JUN 5 - 1949

JUN 17 1949  
3330 Geraldine Ave.

*[Faint handwritten notes and scribbles]*

**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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Lindell*

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.