

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31398

State File No.

Registrar's No.

FILED OCT. 6 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch  
(c) Name of hospital or institution Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4.37 days  
(Specify whether years, months or days)  
In this community 11 years

3. (a) PRINT FULL NAME

GEORGE A. PATTON

3. (b) If veteran, name war

3. (c) Social Security

No. 190-12-5676

4. Sex Male  
5. Color or race White

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

6. (b) Name of husband or wife Hester Patton

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Sept. 2, 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 28  
If less than one day hr. min.

9. Birthplace Zanesville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business WPA

12. Name William T. Patton

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

14. Maiden name Hellie Bruch

15. Birthplace New Lexington Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hosp. Records

(b) Address Bureau

17. (a) Burial (b) Date thereof 10/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. Carl White

(b) Address 4259 Lindell

19. (a) OCT - 2 - 1942 (b) C. M. D. D. D.  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4021 Westminster  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-18, 1941, to 9-30, 1942

that I last saw him alive on 9-30, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Tuberculosis

Duration 3 yrs?

Due to 1341

Due to 1341

Other conditions 1341

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

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?

(Specify type of place)

While at work? (e) Means of injury 1

23. Signature Bernard Friedman (M. D. or other) M.D.

Address Koch Hosp, Koch Mo. Date signed 9-30-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

me

**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

*Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address

*782 Jamagway*

**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.**

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