

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 8439OCT 21 1942
3184
Registration District No. _____Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4356a Finney /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 8 years
 (years, months or days)

3. (a) PRINT FULL NAME Rev. Carrie Patton3. (b) If veteran, name war No 3. (c) Social Security No. UNK.4. Sex Female 5. Color or race Col. 6. (a) Single, (widowed) married, divorced Widow6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive dead years7. Birth date of deceased March 23, 1900
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
42 6 15 hr. min.9. Birthplace Trigg County Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business Self12. Name George Weston13. Birthplace Richmond, Va.
(City, town, or county) (State or foreign country)14. Maiden name Betty Frazier15. Birthplace Lafayette, Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature L. E. Walker(b) Address 4356a E. Finney17. (a) Burial (b) Date thereof Oct. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Dixon18. (a) Signature of funeral director E. T. Nash(b) Address 3847 Page19. (a) OCT 16 1942 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4356a Finney
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 8
year 1942 hour 11 minute 10 P.M.21. I hereby certify that I attended the deceased from Oct 2, 1942
9 to Oct. 8, 1942that I last saw her alive on October 8, 1942
and that death occurred on the date and hour stated above.Immediate cause of death myocarditis
(Acute Dilatation) Duration 5 daysDue to coronary atherosclerosis
unknownDue to MIOther conditions Chol. nephritis cluded
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: noneOf operations noneOf autopsy none done

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) is

(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 J. W. ... (M. D. or other) _____Address 4356a Eastern Date signed 10/9/42

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.....

3847 Page Bow....., Registered Apprentice No.....
working under my personal supervision.

Signed C. T. Nash.....

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page Bow.....

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, above space should be left blank.