

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
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30180

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 21 1942 318

Primary Registration District No. 1003

Registrar's No. 10401

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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:  
En Route to City Hospital #1 3  
(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)

3. (a) PRINT FULL NAME Marie Patterson

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

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female / race White / 5. Color or race White

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

6. (b) Name of husband or wife Golden Patterson

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 29 1917  
(Month) (Day) (Year)

8. AGE: Years 24 Months 25 Days 11 If less than one day  
14 hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business

12. Name Benton West

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

14. Maiden name Stacie Carter

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

16. (a) Informant Golden Patterson

(b) Address Red Boiling Springs Tenn

17. (a) Removal (b) Date thereof Dec 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Boiling Springs Tenn

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) DEC 14 1942 (b) J. F. Bradish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Macon

(c) City or town Red Boiling Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day December  
year 1942 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Hemangioma of Brain

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature Thomas F. Callahan (Physician or other)  
Address Deputy Coroner Date signed 12-14-42

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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 Frank J. Quinn

Licensed Embalmer No. 7245

P. O. Address St. Louis 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.**