S. No. 2
M—2-43
5-17-3
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19674

Primary Registration District No. 1003

Registrar's No. 5530

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether years, months or days)
In this community 15 Years

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. 2714 South 9th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PATRICIA MARY HEAD
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 27 (Day) 1925 (Year)
8. AGE: Years 18 Months 1 Days 19 If less than one day hr. min.
9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name James Head
13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Kathryn Rowland
15. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
16. (a) Informant James Head
(b) Address 2714 South 9th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 18 (Day) 43 (Year)
(c) Place: burial or cremation New St. Marons Mo
18. (a) Signature of funeral director A. K. McLaughlin
(b) Address 2301 Lafayette
19. (a) JUN 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16 year 1943 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from MAY 25, 1943, to JUNE 16, 1943; that I last saw her alive on JUNE 16, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease	
Due to	
Due to	
Other conditions Pulmonary edema (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? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.