

S. No. 2
M-5-42
v. 5-17-38
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26960**
Registrar's No. **7515**

AUG 30 1943 | **318**

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
325 N. Newstead 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)

3. (a) PRINT FULL NAME **Mary A. Patterson**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**
6. (b) Name of husband or wife **James Patterson** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 15th., 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 5 hr. min.

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

10. Usual occupation **At home**

11. Industry or business _____
12. Name **Rodev Keeshan**
13. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Fitzgerald**
15. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **John Keeshan**
(b) Address **6162 Kingsbury Blvd.**

17. (a) **Burial** (b) Date thereof **8-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salvatory**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **AUG 21 1943** (b) **J. F. Bradest**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** 19 9
(If outside city or town limits, write "RURAL")
(d) Street No. **325 N. Newstead Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **20th.** year **1943** hour **4** minute **a.** M.
21. I hereby certify that I attended the deceased from **August 17** 1943, to **August 29** 1943 that I last saw h. or alive on **August 28** 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolus.**
Due to **Carcinoma of Uterus** 6 Mo.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**

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 **S. A. M. Munsch M.D.** (M. D. or other) _____
Address **634 N. Grand** Date signed **8/20/43**

STANLEY MARSHALL

5115 Poplar Blvd. 750

700125

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.