

ED NOV 1 1943
Registration District No. 318

Primary Registration District No. 1003

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

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:
St. Louis City Hosp., Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1618 N. MOORE 911
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henrietta Patterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 7 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 6 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name HENRY PATTERSON

13. Birthplace Miss Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Green Prange

15. Birthplace Beach about mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Patterson

(b) Address 1618 Moore

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Central Nat. Co.

(b) Address 1841 Cass Ave

19. (a) OCT 25 1943 J. P. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24,
year 1943 hour 12:10 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from October 18, 1943 to October 24, 1943
that I last saw her alive on October 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Dysentery

Due to 1192
Other conditions Prematurity
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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)
Means of injury _____
23. Signature T. A. Blod (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 10/25/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Robert Embler
Robert Embler

.....
Licensed Embalmer No.

P. O. Address.....

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.