

FILED MAR 13 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
4450 Labadie 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL") NR.
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martha Ann Patton

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William H. Patton 6. (c) Age of husband or wife if alive, years 25

7. Birth date of deceased August 25 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 3 If less than one day
hr. min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

12. Name Webster Lunsford

13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Gross

15. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Boyd
(b) Address 4450 Labadie Ave.

17. (a) Burial (b) Date thereof 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAK 1 1944 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 29 - 4 1/2
Feb 28, 1944, to Feb 28, 1944.

that I last saw her alive on 2/27/44, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Duration

Due to Atherosclerosis

Due to 9/3

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?

While at work?..... (Specify type of place)

(e) Means of injury 3

23. Signature J. F. Bredenk (M. D. or other)

Address 7901 N. Newberry Blvd. Date signed 2/29/44

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

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.....

W. Wilkin

Licensed Embalmer No.....

3575

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.