

FILED MAY 13 1944

1003

State File No.

Registration District No. Primary Registration District No. Registrar's No. 4226

1. PLACE OF DEATH:

(a) County  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Saint Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME FLEMMING PATTON

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

4. Sex Male 5. Color or race Negro 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 August 31, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 8 2 -- hr. -- min.

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

10. Usual occupation Broom

11. Industry or business

12. Name Louis Patton  
13. Birthplace Camden, Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Hildrith  
15. Birthplace Elliott, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Patton

(b) Address 4201 West Belle Place

17. (a) Burial (b) Date thereof 5-8-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAY 8 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010  
(c) City or town Saint Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4202 West Belle Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. --- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1944 hour 7: minute 15 A.M.

21. I hereby certify that I attended the deceased from 2/25/44 to 5/3/44,  
that I last saw him alive on 5/3/44,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis

Due to Unknown

Due to "

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: No operation  
Of operations

Of autopsy No

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) (c) Means of injury

23. Signature Henry Estampino  
Address 2328 Market Street Date signed 5/4/44

**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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Thomas J. Gates*

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.**