

FILED MAY 20 1944 318

State File No. 4416

Registration District No. Primary Registration District No. 1003 Registrar's No.

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 911

(d) Street No. 3636 Page
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie Brooks

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9,
year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from April
27, 19 44 to May 9, 19 44
that I last saw her alive on May 9, 19 44
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or Race Col

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife DEAD

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Dec. 9,
(Month) (Day) (Year) 1862

Immediate cause of death
Arteriosclerotic Hypertensive Heart
disease with decompensation. Unk.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

8. AGE: Years 81 Months 6 Days 0
If less than one day hr. min.

9. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Mill

MOTHER FATHER

11. Industry or business

12. Name Anthony Patton

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Carrie Patton

15. Birthplace Ill. (City, town, or county) (State or foreign country)

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 0

16. (a) Informant Mr. Herman J. Smith

(b) Address 4247 S. Labadie

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 13 1944
(Month) (Day) (Year)

(c) Place: burial or cremation HERMAN J. SMITH GREEN WOOD CEMETERY

18. (a) Signature of funeral director GREEN WOOD CEMETERY

(b) Address 4247 S. LABADIE AVE

19. (a) MAY 17 1944 (Date received local registrar) (b) J. F. Budock (Registrar's signature)

23. Signature Alva Moore (M. D. or other)
Address Sho-whittier Date signed 5/9/44

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

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.