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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4742
Registrar's No. 1003

FILED JUN 1 1944

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 St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 2mo-23 days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Little Sisters of the Poor
(d) Street No. 3225 N. Florissant
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Patton
3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased April 23, 1876
8. AGE: Years 68 Months 0 Days 28 If less than one day 0 hr. 0 min.

9. Birthplace St. Louis, Mo.

10. Usual occupation Retired Moulder

11. Industry or business 0

MOTHER FATHER { 12. Name James Patton
13. Birthplace Ireland
14. Maiden name Marguerite Dont Know
15. Birthplace Ireland

16. (a) Informant SISTER JEANE
(b) Address 3225 N. FLORISSANT AVE.

17. (a) Burial 0 (b) Date thereof 5-23-44
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Leland Blvd

19. (a) MAY 23 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 21st
year 1944 hour 9 minute 35 P.

21. I hereby certify that I attended the deceased from Feb. 27th
1944 to May 21st 1944
that I last saw him alive on May 21st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Due to 106
Due to 0

Other conditions lung abscess
non-tubercular

Major findings:
Of operations 0
Of autopsy same

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) 0
(b) Means of injury 0

23. Signature Frank [Signature] (M. D. or other) 0
Address 1515 Lafayette Date signed 5/22/44

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

8FF

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.