

FILED AUG 8 1944

STANDARD CERTIFICATE OF DEATH

State File No.

6644

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Alfred C. Patton

3. (b) If veteran,
name war None

3. (c) Social Security
No. 702-16-9684

4. Sex Male
5. Color or
race White

6. (a) Single, widowed, married,
3 divorced Divorced

6. (b) Name of husband or wife
Helen N. Patton.

6. (c) Age of husband or wife if
alive 53 years

7. Birth date of deceased December 27, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 0 hr. min.

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

10. Usual occupation R.R. Clerk

11. Industry or business Mo. Pac. R.R.

12. Name John Patton.

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

14. Maiden name Jane Kennedy.

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

16. (a) Informant Miss Mildred E. Patton.

(b) Address 5004 Vernon Avenue.

17. (a) Removal (b) Date thereof 7-31-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamonte, Missouri.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JUL 29 1944 (b) J. F. Breckel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1944 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from JULY 11
1944 to JULY 27, 1944
that I last saw him alive on JULY 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death He married
Duration _____

Due to Retroperitoneal lymphosarcoma
mass eroding inferior vena cava.

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Retroperitoneal lymphosarcoma
Mass eroding into Inf. Vena Cava
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____

23. Signature C. C. Drace, Jr. (M. D. or other)
Address 1755 So. Grand Date signed 7/27/44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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.