

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6164

1. PLACE OF DEATH:

(a) County None  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4012a Page Blvd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 23 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATTON, Elisha

3. (b) If veteran, name war No 3. (c) Social Security No. 498-01-9776

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased UNAVAILABLE (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Montgomery Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Webster Publishing Co.

12. Name George Patton  
13. Birthplace Montgomery Alabama (City, town, or county) (State or foreign country)  
14. Maiden name Marian Williams  
15. Birthplace Montgomery Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Patton  
(b) Address 4012a Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 4108-09 Finney Avenue

19. (a) JUL 11 1944 (Date received from informant) (b) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None  
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4012a Page Blvd. (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 8th year 1944 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from July 1st, 1944, to July 8th, 1944  
that I last saw him alive on July 8th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration 1 mo.

Due to h

Due to h

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

Major findings: Of operations h  
Of autopsy h  
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) h  
(b) Date of occurrence h  
(c) Where did injury occur? (City or town) (County) (State) h  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? h

While at work? (Specify type of place) (c) Means of injury h

23. Signature W. J. Bredbeck (M. D. or other) h  
Address 2316a Market Street Date signed h

(Licensed Embalmer's Statement on Reverse Side)

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.....

Charles W. Gates, Sr.

..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

**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.**