

FILED FEB 7 1945

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **711**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Homer Phillips Hosp.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **One Hour 15 Min.**
(Specify whether)
 In this community **0**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1043a Vanderventer**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None**

3. (a) PRINT FULL NAME

Virkerson Patin

3. (b) If veteran, name war **---**

3. (c) Social Security No. **436-01-9541**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Muriel Patin** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased: **February 16 1908**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	11	3	hr. --- min. ---

9. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business **Penn. R.R.**

12. Name **Valarana Patin**

13. Birthplace **Unavailable Louisiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Gumbue**

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

16. (a) Informant **Muriel Patin**

(b) Address **1043a Vanderventer**

17. (a) **Removal** (b) Date thereof **1-24-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baton Rouge, La.**

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

(b) Address **4107 Finney Ave.**

19. (a) **J. F. Brudick** (Registrar's signature)

(Date received local registrar) **JAN 24 1945**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19th**
 year **1945** hour **3:35** minute **A.M.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **External hemorrhage from gunshot wound of head Calabris at the hands of one Edward Johnson (col) in front of 1043a Vanderventer Ave. Ground 2: a m Jan 19, 1945**

Other conditions: **166**
(Include pregnancy within 3 months of death)

Major findings: **166**

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **Jan 19 1945**

(c) Where did injury occur? **1st Soud NW**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public School

While at work? _____ (Specify type of place)

(e) Means of injury **Above**

23. Signature **Walter Perry** (M. D. or other)

Address **1308 Clark Ave** Date signed **1/24/45**

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

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.....



Licensed Embalmer No. **4259**

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.