

FILED MAR 28 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2523

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 1001A Lami St.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1001A Lami St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frances M. Patterson
3. (b) If veteran name war no
3. (c) Social Security No. 70

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17 year 1945 hour 6 minute 15 A. M.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Albert Patterson
7. Birth date of deceased Feb. 2 1865

21. I hereby certify that I attended the deceased from Jan 1944 to Mar 17 1945 that I last saw her alive on Mar 16 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 1 Days 15 If less than one day hr. min.

Immediate cause of death Bronchitis pneumonia Duration 3 days

9. Birthplace St. Louis Mo. D
10. Usual occupation At home

Other conditions Carcinoma uterua 3 yrs
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Unknown Jensen
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

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

16. (a) Informant Clara Kammer
(b) Address 1001 1/2 Lami St.
17. (a) Burial (b) Date thereof 3-20-45
(c) Place: burial or cremation S. S. Peter & Paul Cem

While at work? (Specify type of place) (b) Means of injury
23. Signature SA Jester (M. D. or other) Date 3/19/45

18. (a) Signature of funeral director Mitt Bior
(b) Address 2929 S. Jefferson Av.
19. (a) MAR 19 1945 J. F. Buresch

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

Signed.....

Rex E Campbell

Licensed Embalmer No.....

13881

P. O. Address.....

H. J. Rains Mo

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.