

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8112**

FILED MAR 28 1945
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2611**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no. 8 days**
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")

(d) Street No. **3714 Humphrey St.**
(If rural, give location)

(e) Citizen of foreign country? **?** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Wm. Patterson**

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

3. (c) Social Security No. **unknown**

4. Sex **male** **5. Color or race** **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bessie Patterson**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **September 22 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**
year **1945** hour **5:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **2/19/45**
_____, 19____, to **3/21/45**, 19____;

that I last saw him alive on **3/21/45**, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
62	3	29	hr. _____ min.

Immediate cause of death **undetermined** Duration

Due to _____

Due to _____

Other conditions **arteriosclerosis (arter)**
(Include pregnancy within 3 months of death)

9. Birthplace **Alton, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tool Temper**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **John Patterson**

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

14. Maiden name **Lucy Tate** **Unknown**

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

16. (a) Informant **Bessie Patterson**

(b) Address **Alton, Illinois.**

17. (a) Removal **(Burial, cremation, or removal)** **(b) Date thereof** **3/21/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Illinois.**

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? _____

18. (a) Signature of funeral director **Bauer-Hoehn**

(b) Address **Alton, Illinois.**

19. (a) 3/21/45 **(b) J. F. Budeck**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature **Sw. C. Gibson** **(M. D. or other)** _____
1519 Lafayette **3/21/45**
Date signed

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 *Albert N. Hopper*.....

Licensed Embalmer No. *1868*.....

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.