

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15467**

FILLED MAY 21 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4224**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos. 3 days
(Specify whether years, months or days)
In this community 25 years

3. (a) PRINT FULL NAME

Fannie Patton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 27 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 5 If less than one day hr. min.

-9. Birthplace Norphlet, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jerry Foster
13. Birthplace Norphlet, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Norphlet, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Deborah J. Ingram
(b) Address 319 Lombdin
17. (a) Burial (b) Date thereof 5-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.
18. (c) Signature of funeral director C. V. Mosh
(b) Address 1117 N. 13th

19. (a) MAY 12 1945 (b) J. F. Breuer
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3119 Lambdin
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1945 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from October 3, 1944 to May 6, 1945; that I last saw her alive on May 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of hard palate with generalized metastases
Duration Unk.

Due to HS
Due to

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

Major findings: Of operations HS
Of autopsy
PHYSICIAN 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)
(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 0

23. Signature W. P. Versable (M. D. or other)
Address 2601 N. Webster Date signed 5/10/45

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, C. J. Nash,
Registered Apprentice No. _____,
working under my personal supervision.

Signed

C. J. Nash

Licensed Embalmer No.

2432

P. O. Address

111 N. 13th St.

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.