

S. No. 2
M-543
7. 5-17-39
P I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35715
10586

State File No.
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(c) Name of hospital or institution: 4220 W. PAGE BLDG.
(d) Length of stay: In hospital or institution. abt 22 yrs
In this community abt 22 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(d) Street No. 4220 West Page Bldg
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Josie Patterson
3. (b) If veteran name war. No.
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 22 1906
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2
year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 21 1945
that I last saw her alive on Dec 2 1945
and that death occurred on the date and hour stated above.
Duration

8. AGE: Years Months Days If less than one day
39 0 10 hr. min.

Immediate cause of death
Cerebral apoplexy
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) 83

9. Birthplace Miss
10. Usual occupation Elevator Operator
11. Industry or business Sloans Moving Co
12. Name Joseph Patterson
13. Birthplace Miss
14. Maiden name unknown
15. Birthplace Miss

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Florida Brown
(b) Address 4520 Newberry Terrell
17. (a) Burial (b) Date thereof 12-8-45
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Arthur Ross
(b) Address 3644 Finney Ave
19. (a) DEC 5 1945 (b) J. F. Brederek

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature L. B. Howell M. D.
Address 2902 Laclede Date signed 12-5-45

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

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17
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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.....

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 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.