

S. No. 2
A-5-43
5-17-39
I X36671

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

766

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **398**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2613 Lawton
(If not in hospital or institution, write street number or location)
(d) Length of stay: **30 years**
In this community.....
years, months or days

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") **217**
(d) Street No. **2613 Lawton**
(If rural, give location) **219**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Grover C Patterson**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **193-01-3293**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **Jan**
year **46** hour **6** minute **30 a** M.
21. I hereby certify that I attended the deceased from **July** 19**44** to **Jan 8** 19**46**
that I last saw him alive on **1/2** and that death occurred on the **8** date and hour stated above. 19**46**
Immediate cause of death **Cerebral Hemiparesis** Duration **18 mo**

4. Sex **M** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year) **1885**
8. AGE: Years Months Days If less than one day
abt-50 hr. min.

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

10. Usual occupation **Waiter**

11. Industry or business
12. Name **Jeff Patterson**
13. Birthplace **GA** (State or foreign country)
14. Maiden name **Margret Robock**
15. Birthplace **Ga** (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Patterson**
(b) Address **Detroit Michigan**
Burial
17. (a) (b) Date thereof **Jan 14 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. W. Hughes**
(b) Address **2620 Lawton blvd**
JAN 14 1946
19. (a) (b) (Date received local registrar) (Registrar's signature) **J. F. Brenek**

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **92**
Major findings:
Of operations.....
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
23. Signature **J. F. Brenek** (M. D. or other)
Address **11 21 Jefferson Ave** Date signed **1/14/46**

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

2957

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 Lyla Hughes
Licensed Embalmer No. 2938
P. O. Address St Louis 7110

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.