#56206

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **15085**

FILED MAY 21 1946

Registration District No. **318**　Primary Registration District No. **1003**

Registrar's No. **3646**

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ....
In this community .... *(Specify whether years, months or days)*

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri　(b) County N R 96 0 0

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

(d) Street No. 1349 Woodruff ave Wellston, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES PATTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male　5. Color or race White　6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Mary Blake

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

7. Birth date of deceased 11-18-1862
(Month) (Day) (Year)

8. AGE: Years 83　Months 5　Days 1　If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired

11. Industry or business ....

FATHER {
12. Name Unknown
13. Birthplace Unknown
(City, town or county) (State or foreign country)
}

MOTHER {
14. Maiden name Ratchel Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
}

16. (a) Informant Lawson Wright

(b) Address 1349 Woodruff

17. (a) Burial　(b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Sullivan Bro's

(b) Address 2849 N. Euclid ave.

19. (a) APR 21 1946　(b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 19th year 1946 hour 1:10 minute A M.

21. I hereby certify that I attended the deceased from April 4th 1946, to April 19th, 1946
that I last saw him alive on April 19th, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebro-Vascular Encephalopathy*　Duration 1 mo

Due to *Arteriosclerotic and hypertensive Cardio-vascular disease*　7 years

Due to ....

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

Major findings: Of operations ....

Of autopsy *Arteriosclerotic Ht d. Pulmonary fibrosis and atelectasis*

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? ....　(e) Means of injury ....
(Specify type of place)

23. Signature Herbert C Sweet (M.D. or other)

Address 1515 Lafayette　4/19/46
(Date signed)

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

(Licensed Embalmer's Statement on Reverse Side)

Sweet

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...*Robert K Brinkman*

Licensed Embalmer No. 3053

P. O. Address *St Louis 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.