

**FILED** MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18777**  
Registrar's No. **4303**

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5217 Miami Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clara J. Patrick**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **James A. Patrick** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 22, 1873**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **19** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

**11. Industry or business.**

12. Name **Polinar Pellerin**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin H. Patrick**  
(b) Address **1953 Alfred Avenue.**

17. (a) **Burial** (b) Date thereof **May 14, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bonne Terre Mo.**  
18. (a) Signature of funeral director **Shepard Funeral Home**  
(b) Address **1167 Hamilton Avenue.**

19. (a) **MAY 13 1946** (b) **J. F. Benedek**  
(Date received local registrar) (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. **5217 Miami Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **11, 1946**  
year **7** hour **20** minute **P** M.

21. I hereby certify that I attended the deceased from **March 9**, 19**46** to **May 11**, 19**46**  
that I last saw her alive on **May 11** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 day**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Hypertension**  
(Include pregnancy within 3 months of death) **2 months**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **John J. Hennelly** (M. D. or other)  
Address **5703 Shippewa** Date signed **5/13/46**

**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

*John Gouroski*

Licensed Embalmer No. *2398*

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.**