

S. No. 2
DM-542
v. 5-17-39
X32873

FILED JUN 28 1946
348

Primary Registration District No. 1003

Registrar's No. 5026

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:
4386 Laclède Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4386 Laclède Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No?)
If yes, name country.....

3. (a) PRINT FULL NAME **Laura A. Patterson**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. (b) Name of husband or wife **J.T. Patterson** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **October 30 1883**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **4**
If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **John Barker**
13. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.T. Patterson**
(b) Address **4386 Laclède Ave.**

17. (a) **Removal** (b) Date thereof **6-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beardstown, Illinois**

18. (a) Signature of funeral director **Fred M. Williamson**

(b) Address **4335 Wagoning Lane**

19. (a) **JUN 5 1946** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1946** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **MARCH** 1946, to **June 4** 1946
that I last saw her alive on **June 3** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Leucæmia tumida (Marrow Fibroma)
Due to **Anæmia**
Supernumerated of old age
Due to **age**
Other conditions
(Include pregnancy within 3 months of death)

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?

(Specify type of place) While at work? Means of injury

23. Signature **M. E. Baron** (M. D. or other)
Address **University Club** Date signed **6/14/46**

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. Allen Davis Jr.*
Licensed Embalmer No. *157053*
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.