

FILED **JUL 16 1946**

Registration District No. **3069** Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(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

3. (a) PRINT FULL NAME **Anna Patton**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widower**
6. (b) Name of husband or wife **Thomas Patton** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **December 17 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 17 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unknown Cummings**
13. Birthplace **Calloway County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Tudor**
15. Birthplace **Calloway County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.W. Schroeder**
(b) Address **DuQuoin, Illinois**

17. (a) **Burial** (b) Date thereof **7-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **7-8-46** (b) **E. S. McHargan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **181 Sweet Briar Lane**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1946** hour minute M.

21. I hereby certify that I attended the deceased from **August 28** 19**46** to **July 4** 19**46**
that I last saw her alive on **July 3** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction - paralytic**
Duration

Due to **Diverticulitis, acute sigmoid colon.**

Due to **1226**

Other conditions **Generalized arteriosclerosis**
(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?

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

23. Signature **V. W. Stewart / H. K. Purcell** (M. D. or other)
Address **4660 Maryland** Date signed **7/5/46**

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.....

Licensed Embalmer No. 4053

P. O. Address. St. Louis

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.