

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6795

State File No.

Registrar's No.

Registration District No.

318

Primary Registration District No.

1003

2178

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: Deaconess Hospital 0
 (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 NAMEARTHUR S. 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 Married
 6. (b) Name of husband or wife Mathilda C. Patton
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased May 20 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 8 hr. min.

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

10. Usual occupation President11. Industry or business Arthur S. Patton Leather Co.12. Name Winfield Scott Patton13. Birthplace Greenfield, Ohio
 (City, town, or county) (State or foreign country)14. Maiden name Unknown Sellers15. Birthplace Greenfield, Ohio
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mathilda Patton(b) Address 409 Midvale Ave., U. City, Mo.17. (a) Entombment (b) Date thereof March 4 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Mausoleum18. (a) Signature of funeral director C.R. Lupton & Sons(b) Address 7233 Delmar Blvd.19. (a) MAR 4 1947 (b) J. F. Bredeek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town University City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 409 Midvale N.R. 5
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
 year 1947 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from April
1946 to Feb. 28, 1947
 that I last saw him alive on 2-28-1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of rectum

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
 (c) Means of injury 023. Signature J. F. Bredeek (M. D. or other) 0Address 301 Humboldt Date signed 2/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1947

DI. O. F. J. F. L. K.
3604 Washington,
JE-1800
1 to 5 P.M.

8478

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

Raymond L. Morris

Licensed Embalmer No.....

4330

P. O. Address

Maplewood 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.