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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15889**

FILED APR 28 1947

Registration District No. **31**

Primary Registration District No. **2002**

Registrar's No. **931**

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7388 - Stratford Univ. City - Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATJENS - John A.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased March 3 1928
(Month) (Day) (Year)

8. AGE: 17 Years 1 Months 21 Days If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER
12. Name Henry K. Patjens
13. Birthplace Mt. Pleasant So. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hagenbach
15. Birthplace Bethlehem PA
(City, town, or county) (State or foreign country)

16. (a) Informant Henry K. Patjens
(b) Address 7388 - Stratford

17. (a) Removal (b) Date thereof 4-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charleston So. Carolina

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Ave

19. (a) 4-20-47 (b) Cecil J. Shupp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7388 - Stratford
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1947 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from Nov 16 1946 to April 24 1947
that I last saw him alive on April 23 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Auerer's Polio myelitis - spinal Paralysis Duration 5 mo
Respiratory involvement
Due to residual quadriplegia
Probable residual
Due to polio encephalitis

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

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:
(c) 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 0

23. Signature W. M. ... (M. D. or other) MD
Address St. Louis County Hosp Date signed 4-27-47

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.....

Licensed Embalmer No.....

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.