

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

25922

State File No. _____
Registrar's No. 5806

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3718 Juniata
(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 Tracy Virginia Patterson
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 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 _____ years
7. Birth date of deceased October 13, 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Secretary

11. Industry or business _____

12. Name Albert B. Patterson

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Athalan Esken

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Athalan Patterson

(b) Address 3718 Juniata

17. (a) Burial (b) Date thereof Jul. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd., St. Louis, Mo.

19. (a) _____ (b) JUL 21, 1947 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State _____ (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3718 Juniata 9
(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 18th
year 1947 hour _____ minute 1-30 AM

21. I hereby certify that I attended the deceased from April 10
1947 to July 18, 1947
that I last saw her alive on 7/18/47
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breasts Duration _____
Due to Primary site in breasts

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 50

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? _____ (e) Means of injury _____

23. Signature Alvin L. Ditt (M. D. or other) _____
Address 7110 Meadway Date signed 7/19/47

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

9089

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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. Wm. Bentley

Licensed Embalmer No.

3653

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.