U. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

Registration District No. 3477

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40457

Primary Registration District No. 3067

Registrar's No. 2377

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: # 6 Edgewood Road, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Ladue 12
(If outside city or town limits, write "RURAL")

(d) Street No.: # 6 Edgewood Road, 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: WALTER J. PATTEE.

3. (b) If veteran, name war: no

3. (c) Social Security No.: .....

4. Sex: Male ♂

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Eula D. Pattee.

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: August (Month) 3 (Day) 1869 (Year)

8. AGE: Years 78 | Months 3 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Wolcott, (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation: President

11. Industry or business: W.J.Pattee Commissary Co.

FATHER
12. Name: Albert S. Pattee.
13. Birthplace: Ypsilanti, (City, town, or county) Michigan / (State or foreign country)

MOTHER
14. Maiden name: Mariah Templeton.
15. Birthplace: Templeton, (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant: Walter J. Pattee Jr.
(b) Address: # 6 Edgewood Rd., Ladue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory

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

19. (a) 11-20-47 (Date received local registrar) (b) Carl A. Clark M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 18
year: 1947 hour: 12:30 minute: P.M.

21. I hereby certify that I attended the deceased from July, 1947, to Nov. 18, 1947; that I last saw him alive on Nov. 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis	4 yrs
Due to: General arteriosclerosis	8 yrs
Due to: 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: .....
Of autopsy: .....

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Anthony B. Ray (M. D. or other)

Address: 3720 Washington Date signed: 11-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.A.[redacted] 3720 Washington NE 08[redacted]
107 Aberdeen Place
CA 7258

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.