

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

6862

Registration District No. **318**

Primary Registration District No. **1006**

Registrar's No. **1439**

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: **City Hospital**
(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George V. Patton**

3. (b) If veteran, name war **World War 1** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 16, 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 23 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **George V. Patton**
13. Birthplace **Dayton Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Reidy**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Patton**
(b) Address **4164 a Potanical Ave.**

17. (a) **Burial** (b) Date thereof **2-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **W. H. Stuart**

(b) Address **1225 Union Blvd**

19. (a) **FEB 11 1948** (b) **J. F. Bredish**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ado**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **700 North Fourth St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9**
year **1948** hour **1** minute **380** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to _____

Due to **94a**

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

Major findings: Of operations _____

Of autopsy _____

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) _____
(Specify means of injury) _____
23. Signature **Patrick E. Taylor** (M. D. or other) **2-11-48**
Address **1300 Clark** Date signed _____

MAR 17 1948

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 not
(Not Embalmed), Registered Apprentice No. _____
working under my personal supervision.

Signed

Chas. F. Stewart Jr.

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.