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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6863

Registrar's No. 2180

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

1. PLACE OF DEATH:

(a) County

(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: 0
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1906a California Avenue 9
(If rural, give location) 23 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oliver Patton

3. (b) If veteran, name war Nil

3. (c) Social Security No. 497-07-0406

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January 28-1904 (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Tronton, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER

12. Name Fred W. Patton

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

14. Maiden name Emma Oliver

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

16. (a) Informant Fred W. Patton

(b) Address 1906a California Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th year 1948 hour 7 minute 05P M.

21. I hereby certify that I attended the deceased from 2/19/48, 19..., to Feb. 29th, 19 48 that I last saw him alive on Feb. 29th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 5 yrs.

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 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jas. H. Harden M.D.
(M.D. or other)

Address 1515 Lafayette Date signed 3/1/48

(Licensed Embalmer's Statement on Reverse Side)

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

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.