

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

5603

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hosp.
 (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 BERENICE A. PATTON

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wayne 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Nov. 29 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 20 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name James Lynch
 13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Cecelia Lauman
 15. Birthplace Washington Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Wayne Patton
 (b) Address 4634 Wilcox
 17. (a) Burial (b) Date thereof 6-21-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
 (b) Address 4228 So. Kingshighway Bl.
 19. (a) JUN 21 1948 (b) J. P. Bruck
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4634 Wilcox
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1948 hour 4:55 minute A.M.

21. I hereby certify that I attended the deceased from 5-28-48
 to 6-19-48
 that I last saw him alive on 6-18-48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhageDue to H/O

Due to

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

Major findings: Lungs & lymph nodeOf operations metastases

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.....

23. Signature D. T. Daffin (M. D. or other) M.D.Address 634 N. Bond St. Date signed 6-19-48

WRITE PLAINLY—USING CAPITAL LETTERS

8095

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

Edwin M. Dermatt

Licensed Embalmer No. *3024*

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.