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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 31336

Registrar's No. 8088

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
under previous medical treatment (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1405a North Park
(If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maurice Joseph Patton

3. (b) If veteran, name war No. 2

3. (c) Social Security No. 495-18-2615

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Dorries Patton

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June (Month) 29 (Day) 1923 (Year)

8. AGE: Years 25 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business S.W. Bell Telephone Co

FATHER
12. Name Thomas Patton
13. Birthplace O'Fallon Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Menne
15. Birthplace O'Fallon, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mary Patton
(b) Address 1926 ~~Patton~~ Destrehan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edward Koch + Son
(b) Address 3516 N. 14th St. Louis, Mo

19. (a) SEP 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 13, 1948 19 , to Sept. 14, 1948, 19 ;
that I last saw him alive on Sept. 14, 1948 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fever — Duration 14 days

Due to Undiagnosed disease of central nervous system

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 F R Bradley (M. D. or other)

Address Barnes Hospital, Date signed 9/14/48

(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.....Ronald O Yahnke

Licensed Embalmer No....3919

P. O. Address.....St Louis

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.