

FILED DEC 14 1948

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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38515

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10527

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:
3612 N. 21st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74yrs. 8 mos. 19days years, months or days

3. (a) PRINT FULL NAME Isabella (Belle) Patton

3. (b) If veteran,
name war None

3. (c) Social Security No.
None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jefferson Patton 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 14 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Riley
13. Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Galvin
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Isabelle Mueller

(b) Address 3612 N. 21st St.

17. (a) Burial (b) Date thereof 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) OEC 4 1948 (b) J. B. Lavater
(Date received local registrar) (Registrar's signature)

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. 3612 N. 21st St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1948 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Dec 3, 1948
that I last saw him alive on Dec 3, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to arteriosclerosis
she had a heart attack
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Harry Meyer (M. D. or other) 121
Address 1918 9th Street Box signed _____

[Handwritten signature]

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3834 N. 20th ST.*

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.