

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22156

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>12457</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>/</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch</u>		d. STREET ADDRESS <u>Welsch Avenue</u>		e. (If rural, give location) <u>/</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>as above</u>				d. STREET ADDRESS (If rural, give location) <u>Welsch Avenue</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eddie</u>		b. (Middle) <u>Patton</u>		c. (Last) <u>Patton</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>16</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/22/1897</u>	
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction-trucker</u>		11. BIRTHPLACE (State or foreign country) <u>Cotton Plant, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unavailable</u>		13b. MOTHER'S MAIDEN NAME <u>Leander Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>/</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Patton, Welsch Ave. Kinloch</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Penetrating gunshot wound of chest</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>chest</u>					
		DUE TO (c) <u>/</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>E984X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>166</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Justifiable Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kinloch Park, St. Louis, Mo.</u>			
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <u>5 16 49 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by police officer</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Emad S. Willmann</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>St. Louis County Hospital</u>		23c. DATE SIGNED <u>5/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cotton Plant, Ark.</u>		24b. DATE <u>5-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cotton Plant, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>Ark</u>	
DATE REC'D BY LOCAL REG. <u>5-20-49</u>		REGISTRAR'S SIGNATURE <u>Emad S. Willmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GUS. LOWE</u>		ADDRESS <u>2930 Dickson St.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Thomas J. Bates

Signed
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address 4107 Finney Avenue

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.