

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10939

State File No.

318

1003

2212

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1906a California Avenue				d. STREET ADDRESS (If rural, give location) 23- 1906a California Avenue 0			
3. NAME OF DECEASED (Type or Print) FRED		a. (First) b. (Middle) WARREN		c. (Last) PATTON		4. DATE OF DEATH (Month) (Day) (Year) March 6 1950	
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /		8. DATE OF BIRTH March 4, 1882	
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months Days Hours Min. 0 2		11. BIRTHPLACE (State or foreign country) Gillespie, Illinois /		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Gillespie, Illinois /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles Patton		13b. MOTHER'S MAIDEN NAME Alice Smith		14. NAME OF HUSBAND OR WIFE Emma			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-10-8721		17. INFORMANT'S SIGNATURE OR NAME Allie P. Adams		ADDRESS 101 Biley Av. Farmington, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Ulcers (Hematemesis)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Alcoholism</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH 6 mo 5 yrs 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 2, 1950, to Mar 6, 1950, that I last saw the deceased alive on Mar 4, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE W. P. Sainbury				(Degree or title) M.D.		23b. ADDRESS 3548 Sidney	
23c. DATE SIGNED 3/8/50		24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3-8-50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home		24f. ADDRESS 2501 Lafayette			
DATE REC'D BY LOCAL REGISTRY MAR 8 1950		REGISTRAR'S SIGNATURE J. B. Lusater		FUNDAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W.J. Salisbury
3548 Sidney Street
Si. 6686

TE-4-8113

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.

Student

Student Embalmer

Signed James R. Chapman

E. Jeff

Licensed Embalmer No. 4550

P. O. Address W. H. Jones

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.