

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22203

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1602

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>	
c. LENGTH OF STAY (In this place) <u>24 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Fifth Ave. So. Kinloch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED a. (First) <u>ANNIE</u> b. (Middle) <u>PATTON</u> c. (Last) <u>PATTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-50</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>N</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>7-15-1881</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> IF UNDER 1 HOUR Hours <u>1</u> Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Murrayburg Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Corine Patton</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Corine Patton</u> ADDRESS <u>Fifth So. Kinloch</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral thrombosis, old HCUO</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-27-1950, to 6-28-1950, that I last saw the deceased alive on 6-28-1950, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Cable, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 BRENTWOOD, CLAYTON</u>		23c. DATE SIGNED <u>6-29-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert C. Donkey</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. BOYD BROS.</u> ADDRESS <u>S. KINLOCH</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Edward A Flynn

Signed.....  
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 454 8<sup>th</sup> Ave

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.