

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. 25473
Registrar's No. 1707

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>638 Simmons Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM C.</u>	b. (Middle)	c. (Last) <u>PATTERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1950</u>
-------------------------------------	------------------------------	-------------	----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>McMinnville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	--

13a. FATHER'S NAME <u>William Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Cunningham</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Patterson</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-12-9819A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie Patterson, Kirkwood</u>	ADDRESS <u>Kirkwood</u>
---	--	---	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>89363</u> <u>46</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>multiple fractures of skull and brain avulsion, suffered in an undetermined manner, body found on westbound track of Missouri Pacific R.R. near Clay Avenue bridge, Kirkwood, Mo.</u>		
	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 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>9363: 400</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open Verdict</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. right-of-way</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkwood, St. Louis, Mo.</u>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>7 12 50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>see above</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.

22a. SIGNATURE <u>Amel Willmann</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>7/14/50</u>
--	-------------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-14-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Doube</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
--	--	--	---------------------------------

4002
00

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.

Student _____
Student Embalmer

Signed

Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kukuiword 32nd

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.