

No. 300
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Reg. FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39431

State File No.

Registrar's No. 25-85

317

PRIMARY REG. DIST. NO. 6076

BIRTH NO. REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFF. BRKS. MO.**

c. LENGTH OF STAY (In this place) **142 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VET. ADM. HOSP.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **ILLINOIS**

b. COUNTY **01211**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **CAIRO**

d. STREET ADDRESS (If rural, give location) **509 Commercial Ave.**

3. NAME OF DECEASED

a. (First) **HENRY**

b. (Middle)

c. (Last) **PATTON**

4. DATE OF DEATH (Month) (Day) (Year) **10/21/50**

5. SEX **M**

6. COLOR OR RACE **N**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **6/22/92**

9. AGE (In years last birthday) **58 yrs**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **LaFayette, Alabama**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ben Patton**

13b. MOTHER'S MAIDEN NAME **Susanna McConnell**

14. NAME OF HUSBAND OR WIFE **Louise Patton**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **World I**

16. SOCIAL SECURITY NO. **359016174**

17. INFORMANT'S SIGNATURE OR NAME **V. A. HOSPITAL RECORDS**

ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Tongue with Metastasis**

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

INTERVAL BETWEEN ONSET AND DEATH **141X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **NONE**

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) **VA**

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 6/2/1950 to 10/21, 1950, and that I saw the deceased and that death occurred at 3:20p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward Kendall, M.D.**

23b. ADDRESS **V.A. HOSP. JEFF. BRKS. MO.**

23c. DATE SIGNED **10/22/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **10/25/50**

24c. NAME OF CEMETERY OR CREMATORY **NATIONAL CEMETERY**

24d. LOCATION (City, town, or county) (State) **JEFFERSON BARRACKS, MO.**

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE **OCT 25 1950** **WR Donke m & ml**

25. FUNERAL DIRECTOR'S SIGNATURE **GATES FUNERAL HOME, St. Louis, Mo.**

ADDRESS

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. 4476

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.