

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42675

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10958	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY 2229			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP.				STREET ADDRESS (If rural, give location) 2509 So. 18th St.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) PATTERSON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH JULY 26, 1863		9. AGE (In years last birthday) (Specify) 87	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MICHAEL KANE		13b. MOTHER'S MAIDEN NAME CATHERINE GARRIHAN		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS ANNE MAXWELL <del>1000 E. 11th St.</del>			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Lesion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic H.P.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Lesion 2 years.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H. 2011</u>			
22. I hereby certify that I attended the deceased from <u>Aug 19 48</u> to <u>12-21, 1950</u> , that I last saw the deceased alive on <u>12-21, 1950</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William W Farley MA</u>				23b. ADDRESS <u>310 820 grand</u>		23c. DATE SIGNED <u>12-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>DORTAL</u>		24b. DATE <u>12-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 22 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casner</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Croghan</u>		ADDRESS <u>714 1/2 Manchester</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Farley  
3108  
S. G. Brown

**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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*John Davis*

Licensed Embalmer No. 4053

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.