

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18132
5045
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18132 5045	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				STREET ADDRESS (If rural, give location) 818 Clinton St.			
3. NAME OF DECEASED (Type or Print) a. (First) LETHA		b. (Middle) Patterson		c. (Last) HAMER		4. DATE OF DEATH (Month) (Day) (Year) MAY 24 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 10, 1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fosterburg, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Al Patterson		13b. MOTHER'S MAIDEN NAME Rosa Smith		14. NAME OF HUSBAND OR WIFE Von			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Philip Hamer, Hematite, 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) Carcinoma of maxillary sinus 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.				INTERVAL BETWEEN ONSET AND DEATH	
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? 196X			
22. I hereby certify that I attended the deceased from 7-21-48, 19__, to 5-24-51, 19__, that I last saw the deceased alive on 5-24-51, 19__, and that death occurred at 7:30P. m., from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Huggins, M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 5-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1		24b. DATE 6-1-51		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Craig Funeral Home, 4700 Washington			

MAY 31 1951

(Licensed Embalmer's Statement on Reverse Side)

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 W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo.

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.