

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28602**  
Registrar's No. **7197**

**FILED SEP 7 1951**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 Day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b> <b>4577</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>730 Fairview</b> <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herbert</b> b. (Middle) <b>McMaster</b> c. (Last) <b>Patterson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11 1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-14-1911</b>
9. AGE (In years last birthday) <b>39</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>
11. BIRTHPLACE (State or foreign country) <b>Webster Groves</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herbert M. Patterson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Rodgers</b>	14. NAME OF HUSBAND OR WIFE <b>Borothy Patterson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-26-5106</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. H.M. Patterson 730 Fairview</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage from ulcer of stomach.</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  ANTECEDENT CAUSES DUE TO (b) <b>Gastro-jejunosotomy for pyloric-stenosis.</b> <b>39 yrs.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>None</b> Conditions contributing to the death but not related to the disease or condition causing 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>545X</b>			
22. I hereby certify that I attended the deceased from <b>8-10-</b> , 19 <b>51</b> , to <b>8-11-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8-11-</b> , 19 <b>51</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____		23b. ADDRESS <b>19 E. Lockwood, Webster Groves 19, Mo.</b>	
23c. DATE SIGNED <b>8-13-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-14-1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 13 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker Aldrich 7 Home Web. Groves Mo.</b>	

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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wahpeton Groves*

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.