

FILED SEP 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31746

BIRTH NO. 57254-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7954

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital.		d. STREET ADDRESS (If rural, give location) 2623 St. Louis Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) Linn c. (Last) Pattillo.			4. DATE OF DEATH (Month) (Day) (Year) Sep. 6, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 4, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Faith Hospital
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ace Pattillo, Jr.	
13b. MOTHER'S MAIDEN NAME Genevieve Edawrds		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 Ace Pattillo Jr.		ADDRESS 2623 St. Louis Ave	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 763.0			
22. I hereby certify that I attended the deceased from 9-5, 1951, to 9-6, 1951, that I last saw the deceased alive on 9-6, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Jos. P. Bernian M.D.		23b. ADDRESS 1225 N. Grand	
23c. DATE SIGNED 9-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8, 1951	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG SEP 7 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D. K.P.	
25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co.		ADDRESS 2223 St. Louis Av.	

(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.