S. No. 300
v. 10.48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35487

State File No. 9001

BIRTH NO. 72693-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2069
d. STREET ADDRESS (If rural, give location): 5419A Cote Brilliant

3. NAME OF DECEASED (Type or Print)
a. (First): Collene
b. (Middle):
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): 10-12-51

5. SEX: F
6. COLOR OR RACE: W
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): 0
8. DATE OF BIRTH: 10-9-51
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days 2
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Vernon M. Patterson
13b. MOTHER'S MAIDEN NAME: Nola Nipper
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: Vernon Patterson
ADDRESS: 5419a Cote Brilliant

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Labor — 3 days
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 ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tiled

22. *I hereby certify that I attended the deceased from* 10/9, 1951, *to* 10/12, 1951, *that I last saw the deceased alive on* 10/11, 1951, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 2026 S 9th St
23c. DATE SIGNED: 10/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. Motor
24b. DATE: 10-13-51
24c. NAME OF CEMETERY OR CREMATORY: Kennett
24d. LOCATION (City, town, or county) (State): Kennett Mo

DATE REC'D BY LOCAL REG.: OCT 1 3 1951
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schmer
ADDRESS: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

127 – 12 Brown – 12 Pm

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address.....

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.