No. 300
10.46

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39553

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10605

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 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): 6313 Prescott

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 2099
d. STREET ADDRESS (If rural, give location): 6313 PRESCOTT AV

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

4. DATE OF DEATH (Month) (Day) (Year): NOV 27-51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): M
8. DATE OF BIRTH: APRIL 21 1864
9. AGE (In years last birthday): 67 YRS. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHRIST PATZKE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: PAULINE M. PATZKE

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: Pauline M. Patzke ADDRESS: 6313 Prescott

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Thrombosis of Veins of both Legs

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: NA
19b. MAJOR FINDINGS OF OPERATION: 4222
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): St Louis MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1948 to Nov 27, 1951, that I last saw the deceased alive on 11/24, 1951, and that death occurred at 10:45 PM from the causes and on the date stated above.

23a. SIGNATURE: R. Shanklin (Degree or title) MD
23b. ADDRESS: 1514 S. Jefferson Ave
23c. DATE SIGNED: 11/27/51

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): REMOVAL
24b. DATE: Nov 30-51
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Hiram Cemetery
24d. LOCATION (City, town, or county) (State): St Louis City MO

DATE REC'D BY LOCAL REG.: NOV 29 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Schmur ADDRESS: 3125 Lafayette

(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 Jos B Vollmer

Licensed Embalmer No. 4814

P. O. Address 3125 Lafayette

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.