

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1952

43239

State File No. 11645

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>2119</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4053<sup>rd</sup> Dumas</i>		d. STREET ADDRESS (If rural, give location) <i>4053<sup>rd</sup> Dumas</i>	

3. NAME OF DECEASED (Type or Print) <i>Thomas J. Patton</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12 27 51</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 3 - 1885</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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) <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>9</i>
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13a. FATHER'S NAME <i>Thomas Patton</i>	13b. MOTHER'S MAIDEN NAME <i>Barthelma Patton</i>	14. NAME OF HUSBAND OR WIFE <i>Lorena Patton</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <i>702-07-7547</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Lorena Patton</i>	ADDRESS <i>4053<sup>rd</sup> Dumas</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive &amp; arteriosclerotic heart disease.</i>		INTERVAL BETWEEN ONSET AND DEATH
	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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <i>HEAD</i>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *2 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Blanche M. Tucker, M.D.</i> (Degree or title)	23b. ADDRESS <i>Peoples Finance Bldg.</i>	23c. DATE SIGNED <i>12/27/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>	24b. DATE <i>12-31-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis 601, Mo.</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>DEC 3 1951 J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>See Ineed</i>	ADDRESS <i>3615 Center</i>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

2018

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 Leroy H. Panister

Licensed Embalmer No. 4523

P. O. Address 3880 E. 1st 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.