

FILED JAN 16 1952

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3188

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2257			
d. FULL NAME OF HOSPITAL OR INSTITUTION Union Station				d. STREET ADDRESS (If rural, give location) 23 American Hotel 7th & Market					
3. NAME OF DECEASED (Type or Print) a. (First) Norman		b. (Middle) E.		c. (Last) Patrick		4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 1, 1880			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attorney		10b. KIND OF BUSINESS OR INDUSTRY Sup. Sec. C. OFA.		11. BIRTHPLACE (State or foreign country) Perry Co. Indiannapolis			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Charles D. Patrick		13b. MOTHER'S MAIDEN NAME Julia Meunier		14. NAME OF HUSBAND OR WIFE Ethel Patrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Corbin Patrick RR.9 Box 164 Indianap					
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) acute Cardiac Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) angina Pectoris DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Myocarditis-Hypertension INTERVAL BETWEEN ONSET AND DEATH sudden							
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from Jan. 1951 , to Jan. 1952 , that I last saw the deceased alive on Dec. 19, 1951 , and that death occurred at 6:25 P m., from the causes and on the date stated above.									
23a. SIGNATURE Leo P. Youngster (Degree or title) M. D.				23b. ADDRESS 2621 S. Jefferson St. Louis Mo		23c. DATE SIGNED 1/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Holy Cross		24d. LOCATION (City, town, or county) (State) Indianapolis Ind.			
DATE REC'D BY LOCAL REG. JAN 3 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 N. Kingshighway					

WRITE PLAINLY—USING UNFADEING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Anthony J. Miceli*.....

Licensed Embalmer No. *4277*.....

P. O. Address *St Louis*.....

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.