

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1952

State File No. 6686
1365

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 5053 Kensington Avenue			
3. NAME OF DECEASED (Type or Print) Clarence		a. (First)		b. (Middle)		c. (Last) Patton	
4. DATE OF DEATH Feb. 9, 1952		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7/7/1906		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Campden, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis Patton		13b. MOTHER'S MAIDEN NAME Harriet Hildreth	
14. NAME OF HUSBAND OR WIFE Gertrude Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-28-1633		17. INFORMANT'S SIGNATURE OR NAME Gertrude Patton	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy Undetermined Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Undetermined	
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. HOW DID INJURY OCCUR? 334X	
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"/>		22. I hereby certify that I attended the deceased from Feb. 4, 1952 , to Feb. 9, 1952 , that I last saw the deceased alive on Feb. 9, 1952 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
22a. SIGNATURE Lorenzo H. Harris		22b. ADDRESS 2601 N. Whittier Street		22c. DATE SIGNED Feb. 9, 1952		22d. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
22e. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		22f. DATE REC'D BY LOCAL REG. FEB 13 1952		22g. REGISTRAR'S SIGNATURE Chas. J. Gates		22h. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	
22i. ADDRESS 4107 Finney Avenue		22j. (Licensed Embalmer's Statement on Reverse Side)					

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

STATEMENT BY LICENSED EMBALMER

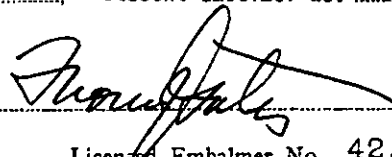
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.