

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22477**
Registrar's No. **5134**

FILED JUN 27 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 15 4232 Grace Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4232 Grace Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) B. c. (Last) PATTON		4. DATE OF DEATH (Month) (Day) (Year) June 4 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1880
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer-St. Louis Training School		10b. KIND OF BUSINESS OR INDUSTRY Villa Ridge, Mo.	
11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles F. Patton		13b. MOTHER'S MAIDEN NAME Rhoda Fort	
14. NAME OF HUSBAND OR WIFE Bertha T. Patton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Bertha T. Patton		ADDRESS 4232 Grace Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stomach cancer</i> ANTECEDENT CAUSES <i>Chronic myocardial disease</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) (Minute)		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 5/27, 1952 to June 4, 1952 , that I last saw the deceased alive on 5/2, 1952 , and that death occurred at 6:00A m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Richard W. Smith</i> (Degree or title) Dr. S.		23b. ADDRESS 4145 So. Gines	
23c. DATE SIGNED 6/4/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 6, 1952	
24c. NAME OF CEMETERY OR CREMATORY Brush Creek Cemetery		24d. LOCATION (City, town, or county) (State) Grey Summit, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 5 1952 <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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 William B. White.....

Licensed Embalmer No. 4291.....

P. O. Address 4728 S. Kingshighway.....

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.