

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

26200

FILED JUL 22 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6737

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3954 FINNEY		d. STREET ADDRESS (If rural, give location) 22 2129 SPRUCE ST	
3. NAME OF DECEASED (Type or Print) a. (First) GLORIA b. (Middle) Ruth c. (Last) PATTON		4. DATE OF DEATH (Month) (Day) (Year) 7-6-52	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 1, 1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 19
11. BIRTHPLACE (State or foreign country) ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN PATTON		13b. MOTHER'S MAIDEN NAME KATHRYN THOMAS	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John PATTON 2129 SPRUCE ST	
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) <u>Sexual Poisoning</u> <u>self administered in room</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>at 3954 Finney Ave on</u> DUE TO (c) <u>or about July 6, 1952</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>exact time unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE OR HOMICIDE <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>	
21d. TIME (Month) (Day) (Year) (Hour) <u>July 6 52 ? a.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? <u>E9702</u>	
23a. SIGNATURE (Degree or title) <u>Patrick E Taylor Esq</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>7.11.52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>7-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. WADE GRANBERRY</u>	
DATE REC'D BY LOCAL REG. <u>JUL 11 1952</u>		REGISTERAR'S SIGNATURE <u>Carl Smith MD</u>	

(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.....

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

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.