

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33300

33300

Registrar's No. 8621

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT. VERNON</u> <u>8720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>219 1/2 So. 10th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>LEE</u> c. (Last) <u>PATTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>8-9-52</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>1</u> Days _____
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) <u>MT. VERNON - Ill.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Clyde L. Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Arbetson</u>		14. NAME OF HUSBAND OR WIFE <u>D. S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. S. Smalley 500 So. Kings Highway</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiration due to congenital anomalies</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) cleft palate, micrognathia and microglossia.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? <u>759.3</u>	

22. I hereby certify that I attended the deceased from 8-22, 1952, to 9-13, 1952, that I last saw the deceased alive on 9-13, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Herweg M.D.</u> (Degree or title)		23b. ADDRESS <u>500 So. Kings Highway</u>		23c. DATE SIGNED <u>9-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>9-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon - Ill.</u>	
				24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 15 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Meyers - Mt Vernon, Ill.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 1 1952

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. 4366

P. O. Address

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.