

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **33301**
 Registrar's No. **8347**

BIRTH NO. _____		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 Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION Between Franklin & Delmar on Beaumont St.			d. STREET ADDRESS (If rural, give location) 617a N. Beaumont		
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) _____		c. (Last) Patton	
5. SEX Male		6. COLOR OR RACE Negro		8. DATE OF BIRTH Sept. 28, 1909	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 42		10. MONTH 11 DAY 11 HOUR 11 MIN. 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Missouri No. Destructive Mills. St. Louis		11. BIRTHPLACE (State or foreign country) Mississippi	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Berry Patton		13b. MOTHER'S MAIDEN NAME Sallie Walker	
14. NAME OF HUSBAND OR WIFE Mrs. Lillian Patton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lillian Patton		18. ADDRESS 617a N. Beaumont		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Stab wound of heart, suffered when deceased was stabbed with knife in hand of party on parties unknown DUE TO (b) to jump at this time in the vicinity of Beaumont & Franklin Ave. above DUE TO (c) 10:43 p.m. on Aug. 29th, 1952 II. OTHER SIGNIFICANT CONDITIONS: Homicide Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☒ NO ☐	
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) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? E982X	
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 10:43 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. H. Smith (Degree or title) 3		23b. ADDRESS 1300. Clark		23c. DATE SIGNED 9/3/52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Sept. 5, 52		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Page	
DATE REC'D BY LOCAL REG. SEP 4 1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	

(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 _____

A. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.