S. No. 300
v. 10.48

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45017

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12099

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.. Louis, Missouri
c. LENGTH OF STAY (In this place) Two days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2112
d. STREET ADDRESS (If rural, give location) 4126 Cook, Avenue.

3. NAME OF DECEASED (Type or Print)
a. (First) Bertha
b. (Middle)
c. (Last) Patterson

4. DATE OF DEATH (Month) (Day) (Year) December, 30 1952

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 29, 1901

9. AGE (In years last birthday) 51 — If under 1 year: Months 11, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) CLARKSVILLE, TEXAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Scoott Shannon

13b. MOTHER'S MAIDEN NAME Mary Williams

14. NAME OF HUSBAND OR WIFE Nathan Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME X Selma Moore — **ADDRESS** 4126 Cook, Avenue.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — Interval between onset and death: 19 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Hypertension — 1 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* Dec, 19 49, *to* Dec 30, 19 52, *that I last saw the deceased alive on* Dec 29, 19 52, *and that death occurred at* 2 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward B. Williams M.D.

23b. ADDRESS 04242 Easton

23c. DATE SIGNED 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-5-53

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) St. Louis (State) Missouri

DATE REC'D BY LOCAL JAN 2 1953

REGISTRAR'S SIGNATURE Paul Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Murray Avon **ADDRESS** 4202 FINNEY

(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.