

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **16085**
Registrar's No. **3890**

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

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **1025 N. Whittier**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **1025 N. Whittier**

3. NAME OF DECEASED (Type or Print)

a. (First)

Anna

b. (Middle)

Patton

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)
4-10-53

5. SEX

female

6. COLOR OR RACE

Negro

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

married

8. DATE OF BIRTH

4-14-187

9. AGE (In years last birthday)

65

If under 1 year: Months Days Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
St. Charles, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Henry Stewart

13b. MOTHER'S MAIDEN NAME

Sophia Oglesby

14. NAME OF HUSBAND OR WIFE

Anthony Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Anthony Patton 1025 N. Whittier

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

MEDICAL CERTIFICATION

Hypertension - Malignant

INTERVAL BETWEEN ONSET AND DEATH
6 hrs

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?

445X

22. I hereby certify that I attended the deceased from **Jan 1, 1953**, to **April 10, 1953**, that I last saw the deceased alive on **4/10, 1953**, and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE

Walter A. Young MD

(Degree or title)

23b. ADDRESS

2337 Market

23c. DATE SIGNED

4/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

4-15-53

24c. NAME OF CEMETERY OR CREMATORY

Greenwood

24d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

DATE REC'D BY LOCAL REG.
APR 14 1953

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

Russell Und., Co. 2732 Pine Blvd.

ADDRESS

(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

James A. Carter

Licensed Embalmer No. *4681*

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.