

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16345

State File No. ....

FILED APR 18 1953

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3680**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN <b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3972 Finney</b>	
3. NAME OF DECEASED a. (First) <b>Pattie</b> (Type or Print)		b. (Middle) <b>Washington</b> c. (Last)	
4. DATE OF DEATH <b>April 6 1953</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>March 10, 1899</b>	
9. AGE (In years last birthday) <b>54</b>		10. UNDER 1 YEAR Months <b>0</b> Days <b>26</b> 11. BIRTHPLACE (State or foreign country) <b>Okolona, Mssissippi</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Willis Owens</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline Miller</b>		14. NAME OF HUSBAND OR WIFE <b>George Washington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>George Washington, Jr.</b>		ADDRESS <b>3972a Finney</b>	
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) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Undetermined</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>443X</b>		22. I hereby certify that I attended the deceased from <b>3-14</b> , 19 <b>53</b> , to <b>4-6</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-6</b> , 19 <b>53</b> , and that death occurred at <b>10:15p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edna E. Brooks</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	
23c. DATE SIGNED <b>4-8-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>4/11/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	
25. ADDRESS <b>4107 Finney Ave.</b>		DATE REC'D BY LOCAL REG. <b>APR 8 1953</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *Thomas J. Hester*.....

Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.