

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19758**
Registrar's No. **5151**

FILED JUN 4 1953

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 OR TOWN St. Louis, Missouri) c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 2209 2332 Warren st	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENJAMINE c. (Last) PATTERSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-21-1875
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bille Patterson		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ethel Patterson
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. none	17. INFORMANT'S SIGNATURE OR NAME Hosp. Records, ADDRESS
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) undiagnosed ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition DUE TO (c) 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 none	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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2865
22. I hereby certify that I attended the deceased from 5-16-53 , 19___, to 5-18-53 , 19___, that I last saw the deceased alive on 5-18-53 , 19___, and that death occurred at 9:10P m., from the causes and on the date stated above.			
23a. SIGNATURE Carl M. Russell (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-19-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-20-53	24c. NAME OF CEMETERY OR CREMATORY Piggott, Ark.
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Russell, Piggott, Ark. ADDRESS	
DATE REC'D BY LOCAL REG. MAY 22 1953		REGISTRAR'S SIGNATURE Carl M. Russell	

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.....
Signature of Student Embalmer

Signed *Ronald O. [unclear]*.....

Licensed Embalmer No. *3A*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.