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

FILED JUL 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23079

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5886

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 14 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4137 CLEVELAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2119
d. STREET ADDRESS (If rural, give location): 4137 CLEVELAND

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): MAUD
c. (Last): PATTERSON

4. DATE OF DEATH (Month): 6 (Day): 12 (Year): 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 5-10-1869
9. AGE (In years last birthday): 84 — If under 1 year: Months 1 Days 2 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT-HOME
11. BIRTHPLACE (City and State or Foreign Country): CANADA
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: WALTER GRAY
13b. MOTHER'S MAIDEN NAME: JANE-A-HALE
14. NAME OF HUSBAND OR WIFE: JAMES.W. 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 — ADDRESS: ELEANOR-ROACH-4137 CLEVELAND

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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: ONE DAY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY SCLEROSIS — 10 YEARS
DUE TO (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — CARDIAC DECOMPENSATION — 1 YEAR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS, GENERALIZED — 10 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE
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? 4201

22. *I hereby certify that I attended the deceased from* MARCH 10, 1953, *to* JUNE 12, 1953, *that I last saw the deceased alive on* JUNE 12, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert A. Hall
(Degree or title): M.D.
23b. ADDRESS: 3902 LAFAYETTE, ST. LOUIS, MO
23c. DATE SIGNED: JUNE 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-13-53
24c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL CEM.
24d. LOCATION (City, town, or county): ST. LOUIS CO — (State): MO

DATE REC'D BY LOCAL REG.: JUN 13 1953
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JAY-B-SMITH-MAPLEWOOD-MO

(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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.