

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37493

FILED OCT 23 1953

State File No.

BIRTH NO. 74430 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9680

1. PLACE OF DEATH a. CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS,</u>	
c. LENGTH OF STAY (in this place)		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST ANTHONYS</u>		d. STREET ADDRESS (If rural, give location) <u>17 4148 a RUSSELL</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSEPH</u>		b. (Middle)		c. (Last) <u>PATTERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/10/1953</u>											
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>10/10/53</u>		9. AGE (In years last birthday)											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 6 HRS.</td> </tr> <tr> <td>Months</td> <td>Hours</td> </tr> <tr> <td><u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Days</td> <td>Minutes</td> </tr> <tr> <td><u>0</u></td> <td><u>0</u></td> </tr> </table>		IF UNDER 1 YEAR	IF UNDER 6 HRS.	Months	Hours	<u>0</u>	<u>0</u>	Days	Minutes	<u>0</u>	<u>0</u>
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<u>0</u>	<u>0</u>																		
Days	Minutes																		
<u>0</u>	<u>0</u>																		

13a. FATHER'S NAME <u>WILLIAM PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>JUNITA MARLYN SMITH</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM PATTERSON</u>		ADDRESS <u>4148 a RUSSELL AVE</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature infant 23 wks.</u>		DUE TO (b) <u>Septicemia</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>	
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22. I hereby certify that I attended the deceased from 10/10, 1953, to 10/10, 1953, that I last saw the deceased alive on 10/10, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter J. Dumb...</u>		23b. ADDRESS <u>4417 Dahlia Ave</u>		23c. DATE SIGNED <u>10/10/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 10 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stroot - Carroll</u>		ADDRESS <u>4600 NATURAL BRIDGE AVE</u>	
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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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J E Clifford

Licensed Embalmer No.....

P. O. Address.....

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

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