| | | • | THE DIVISION OF HEA | | | 37922 | | | | |
|---------------|--|---|---|---|--|------------------------------|--|--|--|--|
| 00 | FILED NOV 6 - 1953 STANDARD CERTIFICATE OF DEATH State File No | | | | | | | | | |
| | BIRTH NO REG. DIST. NO. 3/7 PRIMARY REG. DIST. NO. 500 Registrar's No. 2683 | | | | | | | | | |
| \mathcal{Q} | 1. PLACE OF DEA | TH t. Lov | 1.5 | 2. USUAL RESIDENCE (Where decoand lived. If institution: residence before a. STATE MISSOURI b. COUNTY admission). | | | | | | |
| 0 | b. CITY (If outside cor OR TOWN KAC | | URAL and give c. LENGTH OF township) STAY (in this place) | c. CITY (if outside corporate limits, write BURAL and give township) 19 OR TOWN St. Louis | | | | | | |
| CORD | | if not in hospital or in | stitution, give street address or location) | d. STREET ADDRESS OZAA | / N | Vo Previous Apress known) | | | | |
| E E | 3. NAME OF DECEASED | a. (First) | b. (Middle) | c. (Last) | 4. DATE (Month) | (Day) (Year) | | | | |
| _ I | (Type or Print) | REO | LUMAN | PATTON | | R. 14, 1953 | | | | |
| PERMANENT | 5, SEX 0 6. | COLOR OR RACE | 7. MARRIED, NEVER MARRIED, NUDOWED, DIVORCED (Bredly) | 8. DATE OF BIRTH | 9. AGE (In years # thous last birthday) Months | Days Hours Min. | | | | |
| 3 | 10a. USUAL OCCUPATIO | | 10b. KIND OF BUSINESS OR IN- | 11. BIRTHPLACE (City | y and State or Foreign Country) 🖒 | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| E | done during most of works | ig ilie, even it retired) | NONE | ST. Louis | MISSOURI | USA | | | | |
| 7 | 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN | _ | 14. NAME OF HUSBAND OR WIFE | 3 | | | | |
| 6 | ALPRED PA | LTTON. | | DUNCAN | NONE | ADDDFCC | | | | |
| (AR | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yee, no. or unknown) (If yee, give war or dates of service) NO. | | | Eland | SUGNATURE OR NAME | wife 100 | | | | |
| 7 | 18. CAUSE OF DEATH MEDICAL CERTIFICATION | | | | | | | | | |
| INK | Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CO DIRECTLY LEADI | NG TO DEATH*(a) PULMION | VARY TURE | RCULOSIS | ONSET AND DEATH | | | | |
| Ķ | *This does not mean | ANTECEDENT CA | | v | | | | | | |
| Ă | the mode of dying, such as heart failure, asthenia, | Morbid conditions rise to the above co | , if any, giving DUE TO (b) | | | | | | | |
| BLA | etc. It means the dis- | the underlying cau | ae last. DUE TO (c) | | | | | | | |
| <u>ღ</u> | ease, injury, or complica- tion which caused death. | II. OTHER SIGNIF | | o HOLISM | | | | | | |
| 6 | | Conditions contrib | 1 CO2X | | | | | | | |
| UNFADING | 19a. DATE OF OPERA- | | DINGS OF OPERATION | LNUTRITION | | YES NO X | | | | |
| ₽. | 21a. ACCIDENT | (Boscify) i | 21b. PLACE OF INJURY (e.g., in or about | 21c. (CITY, TOWN, OR | TOWNSHIP) (COUNTY) | (STATE) | | | | |
| SING | SUICIDE HOMICIDE | (Bpecity) | home, farm, fastory, street, office bidg., etc.) | · | • . | | | | | |
| sa- | 21d. TIME (Month) OF INJURY | (Day) (Year) (| Elour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK | 21f. HOW DID INJURY | OCCUR? | | | | | |
| LY | 22. I hereby certify | that I attended t | he deceased from Oct. 9 | , 19 <u>53</u> , to 10 = | † . 16 , 19 53, that I las | t saw the deceased | | | | |
| | alive on Qut | . 16 , 19 <u>5</u> | 3, and that death occurred at | 7:40 P. m., from th | ie causes and on the date state | d above. | | | | |
| PLAINLY | 234. SIGNATURE | 1. L. | (Degree or titlety | Robert Ko | ely Hosp. Koch, Wo | 23c. DATE SIGNED | | | | |
| WRITE | 24a. BURIAL, CREMA TION REMOVAL (Speeds | 24b. DATE | 24c. NAME OF CEMEYER | Y OR CREMANORY | 24d. LOCATION (City, town, or cour | (State) | | | | |
| \$ | | | | | | | | | | |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | | | | | | | | | |
| | 10111153 | VICICIOE | Grensed Embalmer's | Statement on Reverse Sid | () | 1 to | | | | |
| | | | | | | | | | | |

STATEMENT BY LICENSED EMBALMER

| I hereby cert | ify that the body whose | name is recorded of | on the reverse side of th | is certificate v | was embalmed t | by me, or by |
|-------------------------------|---------------------------------------|---------------------|--|------------------|----------------|--------------|
| ·· /***/********************* | · · · · · · · · · · · · · · · · · · · | ····- | ************************************** | , Student | Embalmer No. | |
| | | • | • | | | _ |

working under my personal supervision.

Licensed Embalmer No. 300 8

P. O. Address. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING A failure to comply

the above constitutes grounds for revocation of license.)

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