

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44796**

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3241**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ferdinand TWP c. LENGTH OF STAY (in this place) 1 mo d. FULL NAME OF HOSPITAL OR INSTITUTION New Douglas Rd., R#2 Box 503		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Ferdinand TWP d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) R#2 Box 503, Florissant, Mo.	
3. NAME OF DECEASED a. (First) GEORGIA b. (Middle) V. c. (Last) PATTERSON (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) December 16th, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 17 1872
9. AGE (In years last birthday) 81	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hbuswife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Scott Carrico	
13b. MOTHER'S MAIDEN NAME Amanda Darnes		14. NAME OF HUSBAND OR WIFE Marvin Patterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Patterson, R#2 Box 503 Florissant, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seizure 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 4201	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 19 53</u>, to <u>Dec 16</u>, 19 <u>53</u>, that I last saw the deceased alive on <u>Dec 15</u>, 19 <u>53</u>, and that death occurred at <u>11:10</u> Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Oliver L. ...</i>		23b. ADDRESS RR 10 Box 283 Ferguson	23c. DATE SIGNED 12/16/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 19 1953	24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery St. Louis Co., Mo.	24d. LOCATION (City, town, or county) (State)
DATE RECD BY LOCAL REG. 12/18/53	REGISTRAR'S SIGNATURE <i>Heber ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIEDRICH FUNERAL HOME, 8319 Halls Ferry	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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..... *G. W. Wilkinson*

Licensed Embalmer No.... *351*

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.