

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10646**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **599**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Overland</b>		c. CITY OR TOWN <b>St. Ann's</b>	
c. LENGTH OF STAY (in this place) <b>13 mos.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Overland Restorium</b>		e. STREET ADDRESS (If rural, give location) <b>10753 St. Stephens Lane (24)</b>	
3. NAME OF DECEASED (Type or Print) <b>Otto</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7, 1954</b>	
a. (First)		b. (Middle) <b>Patton</b>	
c. (Last)		5. SEX <b>M</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Aug. 6, 1870</b>		9. AGE (In years last birthday) <b>83 yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Property Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Chas. Hayward</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Shave</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes Spanish Ame. War</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillie Bray</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <b>10753 St. Stephens Lane</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Hemorrhage</b> <b>1 year</b> DUE TO (c) <b>Arterio Sclerosis</b> <b>years</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>-</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
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 <b>Feb. 18, 1954</b> to <b>March 7, 1954</b> , that I last saw the deceased alive on <b>Mar 7, 1954</b> , and that death occurred at <b>6:30 p. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Roy A. Waether Sr. M.D.</b>		23b. ADDRESS <b>2438 Woodman Rd.</b>	
23c. DATE SIGNED <b>7/22 8/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>March 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Mt. Vernon, Ill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley R. ...</b>	
DATE REC'D BY LOCAL REG. <b>3/8/54</b>		REGISTRAR'S SIGNATURE <b>Wesley R. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley R. ...</b>		ADDRESS <b>6175 Delmar</b>	

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

(Legal Embalmer's Statement on Reverse Side)

Dr. Walther  
2438 Woodson Rd  
2-4

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 *Jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *61752*

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.