

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42677

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10479

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4819 Maffett		No. STREET ADDRESS (If rural, give location) 6 4819 Maffett 2069	

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) B. c. (Last) Wathercross		4. DATE OF DEATH (Month) (Day) (Year) 11-16-54	
5. SEX F 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 8, 1900
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Tulton, Kentucky	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Riley Gardner		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE James Patterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anne Mae Tubb 4678 Labadie	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	

22. I hereby certify that I attended the deceased from 14 Nov, 1954, to 16 Nov, 1954, that I last saw the deceased alive on 15 Nov, 1954, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Beaton		(Degree or title)		23b. ADDRESS 809 W. Jefferson		23c. DATE SIGNED 17 Nov	
24a. BURIAL: CREMATION REMOVAL (Specify) Ship		24b. DATE Nov. 18, 1954		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Tulton, Kentucky	

DATE RECD BY LOCAL REG. NOV 17 1954		REGISTRAR'S SIGNATURE C. Smith M. E. B. Kooze		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. E. B. Kooze 1221 N. Main	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Quinton Swan*

Licensed Embalmer No... 458

P. O. Address... 1221<sup>st</sup> St

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.