

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6755**

FILED MAR 8 1955

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **545**Registrar's No. **440**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		c. LENGTH OF STAY (in this place) 30 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2635 ARTHUR AVE		e. STREET ADDRESS (If rural, give location) 2635 ARTHUR AVE	
3. NAME OF DECEASED (Type or Print) BURT		a. (First) E b. (Middle) PATTERSON c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 2 19 55		5. SEX M 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-20-1878	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 7 Days 19	
IF OVER 1 YEAR: Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. SUPERVISOR	
10b. KIND OF BUSINESS OR INDUSTRY Public Service		11. BIRTHPLACE (City and State or Foreign Country) MICHIGAN	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LLOYDE PATTERSON	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARET PATTERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-01-0670	
17. INFORMANT'S SIGNATURE OR NAME MARGARET PATTERSON		ADDRESS 2635 ARTHUR	
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) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 1/2 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease 2 years 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 Feb. 19, 1955 , to Feb. 19, 1955 , that I last saw the deceased alive on Feb. 19, 1955 , and that death occurred at 10⁰⁰ a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Thos. A. Dill		23b. ADDRESS 7546 2nd Man. Center	
(Degree or title) MD.		23c. DATE SIGNED 2-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-21-55	
24c. NAME OF CEMETERY OR CREMATORY FARINA CEMETERY		24d. LOCATION (City, town, or county) (State) FARINA- ILL.	
DATE REC'D BY LOCAL REG. 2/20/55		REGISTRAR'S SIGNATURE Walter K. Lamb	
25. FUNERAL DIRECTOR'S SIGNATURE W. B. SMITH		ADDRESS MAPLEWOOD-17-MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Melvin L. Kerpner*

Licensed Embalmer No. *403*

P. O. Address *3505 Pa 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.