

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31857

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 2117	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves				c. LENGTH OF STAY (in this place) 25 Yrs		c. CITY OR TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION 137 S Maple				d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐			
e. STREET ADDRESS 137 S Maple				f. (If rural, give location)			
3. NAME OF DECEASED (Type or Print) HERBERT McCOY PATTON				4. DATE OF DEATH (Month) (Day) (Year) 9-10-1955			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-16-1885	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired, state so.) Supervisor Retired		10b. KIND OF BUSINESS OR INDUSTRY Union Electric		11. BIRTHPLACE (City and State or Foreign Country) Greensburg Indiana	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Felix Patton			
13b. MOTHER'S MAIDEN NAME Mary McCoy				14. NAME OF HUSBAND OR WIFE Margaret Patton			
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. 494-07-2074A			
17. INFORMANT'S SIGNATURE OR NAME H.M. Patton Jr.				ADDRESS 137 S Maple			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct. Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Diabetic vascular heart disease Due to (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 hours 5 years				19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒			
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. HOW DID INJURY OCCUR?			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
22. I hereby certify that I attended the deceased from 1950 , to Sept 10, 1955 that I last saw the deceased alive on Sept 10, 1955 , and that death occurred at 3:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. H. Anderson M.D.				23b. ADDRESS 19 E. Lockwood			
23c. DATE SIGNED 9/10/55				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 9-12-1955				24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery			
24d. LOCATION (City, town, or county) (State) Kirkwood Mo.				25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Dombrowsky			
DATE REC'D BY LOCAL REG. 9-11-55				ADDRESS Webster Groves Mo			

S G.

(Licensed Embalmer's Statement on Reverse Side)

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 *Neville O. Thacker*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Locke*

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.