

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2927  
120

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>9</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>24 3628 California Ave. 22410</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES</b>	a. (First)	b. (Middle) <b>A. (ALEX)</b>	c. (Last) <b>PATRICK</b>	4. DATE OF DEATH <b>Jan. 4 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep. 8, 1875</b>	9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardner-Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Livingston County, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown Patrick</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Martha Tate</b>	14. NAME OF HUSBAND OR WIFE <b>Lela Patrick</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-24-5649</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James Patrick</b>	ADDRESS <b>4103 Nebraska Ave.</b>
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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>CEREBRAL-VASCULAR ACCIDENT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>40 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> <b>ARTERIOSCLEROTIC HEART DISEASE</b>		?
	DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SENILE INANITION</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from **4/27 1949**, to **1/4 1956**, that I last saw the deceased alive on **1/4 1956**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles B. Lehl</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>7430 VIRGINIA AVE.</b>	23c. DATE SIGNED <b>1/5/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan. 7, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 5 1956</b>	REGISTRAR'S SIGNATURE <b>Charles B. Lehl M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
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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 *Hale A. Strassman*.....  
Licensed Embalmer No. 453.....

P. O. Address.....

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.