No. 300
10.48

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3291

State File No. .....

BIRTH NO. 1 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hts Mo
c. LENGTH OF STAY (in this place) 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home 7428 Oakland Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN Rich Hts Mo 4485
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 7428 Oakland Ave

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) c. (Last) PATTERSON

4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1956

5. SEX M **6. COLOR OR RACE** N **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) M **8. DATE OF BIRTH** Sept 23-1884

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 3 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY Valley Furn Co

11. BIRTHPLACE (City and State or Foreign Country) Morrison Ill

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF ~~HUSBAND~~ OR WIFE Helen Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 494-09-8943

17. INFORMANT'S SIGNATURE OR NAME Helen Patterson **ADDRESS** 7428 Oakland Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart disease — ?

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 4200

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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1954, *to* Jan 17, 1956, *that I last saw the deceased alive on* Jan 11, 1956, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Karl L Keffler (Degree or title) MD

23b. ADDRESS 1139 Bellevue Ave

23c. DATE SIGNED Jan 18-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 20-1956

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem

24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. 1-19-56

REGISTRAR'S SIGNATURE Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE A H Bockeage **ADDRESS** 6536 Clayton Rd

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 410

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.