

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4115**
Registrar's No. **64**

FILED FEB 21 1957

REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.			
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 13hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4003			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) Unk			
3. NAME OF DECEASED (Type or Print) a. (First) Debra b. (Middle) Machael c. (Last) Patterson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 23, 1948	9. AGE (In years last birthday) (Specify) (Month) (Day) (Year) 8 3 25	10. UNDER 1 YEAR (Specify) (Hours) (Min.)		11. UNDER 24 HRS. (Specify)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Memphis Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wesley John Patterson		13b. MOTHER'S MAIDEN NAME Dorothy Dale		14. NAME OF HUSBAND OR WIFE XXXXXXXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wesley John Patterson Kirkwood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of brain ANTECEDENT CAUSES Open fracture <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 13 hours	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Stroke Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Home 54-3M South		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cole County Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-17-57 6p.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from 2-17, 1957 , to 2-18, 1957 , that I last saw the deceased alive on 2-18, 1957 , and that death occurred at 8:30 a.m. , from the causes and at the date stated above.							
23a. SIGNATURE (Degree or title) Wesley J. Patterson MD				23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 2/18/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 19, 1957		24c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn Cemetery		24d. LOCATION (City, town, or county) (State) Memphis, Tenn.	
DATE REC'D BY LOCAL REG. 19 Feb 1957		REGISTRAR'S SIGNATURE R. P. Norris, MD		25. FUNERAL DIRECTOR'S SIGNATURE Victor Breach J. C. Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

6-0

SEP 3 1961

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
Student Embalmer

Signed Victor Brescher

Licensed Embalmer No. 3701

P. O. Address J.C. Mo

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 this body is not embalmed, fact should be so stated above.