

with, self care, public service

800 -56

Doctor, coroner, etc. must use only standard nomenclature to item 18. No symptoms which are related to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC-1645718  
SI-8344

FILED FEB 26 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER 6520

Registration District No. 318 Primary Registration District No.

Registrar's No. 1546

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BELLE		0630 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOS PITAL		Length of stay in 1b 16 DAYS	3/ d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARVIN PATTERSON			4. DATE OF DEATH 2-14-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-93	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LINN MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME FRANK PATTERSON			14. MOTHER'S MAIDEN NAME SALLIE CLARK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 499-03-2315	17. INFORMANT Address VA. HOSP. RECORDS. ST. LOUIS, MISSOURI.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) PULMONARY INFARCTION					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> VA		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-29-57 to 2-14-57 and last saw <sup>xxxx</sup> him alive on 2-14-57 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Julian Bah (Degree or title) M. D.			22b. ADDRESS VAH. ST. LOUIS, MISSOURI		22c. DATE SIGNED 2-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-15-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		23d. LOCATION (City, town, or county) Linn MO. (State)
24. FUNERAL DIRECTOR Edw. Fendler Mortuary 5611 So. Grand ADDRESS			25. DATE RECD. BY LOCAL REG. FEB 15 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO

RECEIVED  
MAY 19 1958

MAY 7 1958

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 *Harry J. Schuman*  
Licensed Embalmer No. *26*

P. O. Address *56115*

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