

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42684

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10484**

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 St. Louis City Hospital			Length of stay in 1b BOA	STREET ADDRESS 1514 Gregg Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elanor Middle Jane Last Taylor				4. DATE OF DEATH Month Nov. Day 3 Year 1957			
5. SEX Female	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 Nov. 3, 1900		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY Clothing Mfg.	11. BIRTHPLACE (City and state or country) Washington Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME David Patton			13b. MOTHER'S MAIDEN NAME Anna		14. NAME OF HUSBAND OR WIFE Edward		
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.		17. INFORMANT Address Floyd Patten, Tilden, Ill.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning							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)		E 891.6 46		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Indicate nature of cause in PART I of item 18.) Fallen in building at 1905 Thyusht Street on November 3rd 1957.						
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. 11 357 1957.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Garage		20e. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo.			
21. I attended the deceased from 840 P. to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M Kelly Colonel (Degree or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-5-57	23c. NAME OF CEMETERY OR CREMATORY Tilden Cemetery		23d. LOCATION (City, town, or county) (State) Tilden, Ill.		
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. NOV 5 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD m86	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Missouri

X St. Louis
 X 1511 Gregg Ave.
 Nov. 3, 1927 Taylor
 Nov. 3, 1900
 Washington Co., Ill.
 Edward
 Floyd Patton, Tilden, Ill.

X St. Louis
 St. Louis City Hospital DOA
 Elmer
 White
 Seamstress
 David Patton
 No
 Clothing Mfg.
 Anna

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, ~~as~~ by, Student Embalmer No. working under my personal supervision.

Student
 Signature of Student Embalmer

Signed *Elmer H. Penelick*

Licensed Embalmer No. *4283*
 P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.

Albert N. Hodge, 1700 Washington Blvd.