

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016859
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1192

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Hill		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN St. Louis		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) 37 Rock Hill Rest Home		Length of stay in lb 1 Month		d. STREET ADDRESS (If outside, give location) 4232 Grace Ave.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First BERTHA Middle L. Last PATTON				4. DATE OF DEATH Month Apr. Day 28 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐		8. DATE OF BIRTH Apr. 11, 1881		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Labadie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bryant A. Thornhill		13b. MOTHER'S MAIDEN NAME Ruth Pursley		14. NAME OF HUSBAND OR WIFE Late Franklin B. Patton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Rd. Maurine Murch 11734 Sappington Bks.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis, general DUE TO (c) 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						INTERVAL BETWEEN ONSET AND DEATH 6 weeks ?	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED, WHILE AT ☐ NOT WHILE ☐ AT WORK		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 June 1940 to April 28 38 and last saw her alive on April 28 58 Death occurred at 11:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Arminel B. Grant M.D.				22b. ADDRESS 114 N. Taylor Ave		22c. DATE SIGNED 4/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		23b. DATE May 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Brush Creek Cemetery		23d. LOCATION (City, town, or county) (State) Gray Summit, Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway				25. DATE RECD. BY LOCAL REG. 4-30-58		26. REGISTRAR'S SIGNATURE Herbert A. Romke M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Richard W. Storrs*

Licensed Embalmer No. *4007*

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.