

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042557
STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 2807

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN AFFTON 4820	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL	Length of stay in 1b DOA	d. STREET ADDRESS 9428 ALPINE (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OLIVER Middle J Last PATTERSON	4. DATE OF DEATH Month Nov Day 7 Year 1958
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

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 MARCH 8, 1904	9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. 54 st birthday) Months Days Hours Min.
-----------------------	----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------	----------------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN OWNER	10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME JOHN E PATTERSON	13b. MOTHER'S MAIDEN NAME OLIVE ROBERTSON	14. NAME OF HUSBAND OR WIFE MADELINE
-----------------------------------------------	-----------------------------------------------------	------------------------------------------------

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. 489-03-3226	17. INFORMANT Address MADELINE PATTERSON 9428 ALPINE
------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicidal laceration of neck		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) 977X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted razor wounds of wrists and neck
----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY approximately 5:00 PM 11/7/58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bathroom of home	20f. CITY, TOWN, OR LOCATION Affton	COUNTY St. Louis	STATE Mo.
-------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------	---------------------

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Affton	COUNTY St. Louis	STATE Mo.
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	----------------------------	---------------------

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond H. Hand 3 Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 11/12/58
----------------------------------------------------------------------	-------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/10/1958	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	23d. LOCATION (City, town, or county) (State) AFFTON, Mo.
------------------------------------------------------------	--------------------------------	-----------------------------------------------------------------	---------------------------------------------------------------------

24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS	ADDRESS 7027 GRAVOIS	25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE Herbert B. Plank MD
----------------------------------------------------------	--------------------------------	-------------------------------------------------	---------------------------------------------------------

MEDICAL CERTIFICATION
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 G. P. Kuchell

Licensed Embalmer No. 3877

P. O. Address 7027 Illinois

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.