

FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027526

FILED VS AUG 3 1959

DED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1931 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD MO</u>		Length of stay in 1b <u>YRS</u>		c. CITY OR TOWN <u>KIRKWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>604 N. WOODLAWN</u>				d. STREET ADDRESS (If outside, give location) <u>604 N. WOODLAWN</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERHARDT PHAAR PATTON</u>				4. DATE OF DEATH Month Day Year <u>JULY 18, 1959</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-22-1883</u>	
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUG CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MONTGOMERY CO.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES PATTON</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES DAVIS</u>	
14. NAME OF HUSBAND OR WIFE <u>NINA PATTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>491-14-7557</u>		16. SOCIAL SECURITY NO. <u>491-14-7557</u>		17. INFORMANT <u>Mrs. FRANCES SMITH KIRKWOOD MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA of PANCREAS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CHOLECYSTITIS, CHRONIC</u>				<u>3 yrs</u>			
DUE TO (c) <u>CHOLELITHIASIS</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIO-SCLEROTIC HEART DISEASE</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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"/>		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 <u>DECEMBER 1957</u> <u>JULY, 1959</u> and last saw her/him alive on <u>JULY 12, 1959</u> Death occurred at <u>8.25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph R. Muecke, M.D.</u>				22b. ADDRESS <u>634 NORTH GRAND</u>		22c. DATE SIGNED <u>7/19/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>7-21-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ANITCH CEMETERY</u>		23d. LOCATION (City, town, or county) <u>PIKE CO. MO.</u>	
24. FUNERAL DIRECTOR <u>BANKHEAD FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>7-19-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>			
27. ADDRESS <u>BOWLING GREEN, MO.</u>							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Kink

Licensed Embalmer No. 4597

P. O. Address Bowling

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