

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 16 1959

59-042341

STATE FILE NUMBER

2 9534

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____			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>ST LOUIS</u>		Length of stay in 1b <u>47 DAYS</u>	c. CITY OR TOWN <u>WEBSTER GROVES 19</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>ST JOHN'S HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>640 ELWOOD</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>MIRGIL VIVIAN PATTERSON</u>			4. DATE OF DEATH Month Day Year <u>10 17 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-29-1901</u>	9. AGE (last birthday) <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PARTS DEPT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHEVROLET MOTORS</u>		11. BIRTHPLACE (City and state or country) <u>APPTON OKLA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>MARTIN LUTHER PATTERSON</u>			13b. MOTHER'S MAIDEN NAME <u>ARIZONA DAWSON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW-2</u>			16. SOCIAL SECURITY NO. <u>2041</u>	17. INFORMANT <u>64 Patterson, 640 Elwood, Webster Groves 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>Chr. Myelogenous Leukemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			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 <u>TALALA</u>		COUNTY <u>OKLA.</u>		
21. I attended the deceased from <u>July 12, 1957</u> to <u>Oct. 16, 1959</u> and last saw ^{him} alive on <u>Oct. 16, 1959</u> Death occurred at <u>12:47</u> <u>Oct. 17, 1959</u> A-m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Thos. G. Dell M.D.</u>			22b. ADDRESS <u>640 Elwood Webster Groves Mo.</u>		22c. DATE SIGNED <u>10-17-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-18-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		23d. LOCATION (City, town, or county) <u>TALALA OKLA.</u>		
24. FUNERAL DIRECTOR <u>MITTELBERG</u>			ADDRESS <u>WEBSTER GROVES MO</u>	25. DATE RECD. BY LOCAL REG. <u>10-18-1959</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u> <u>mbs</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Stanley P. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.