JF	SI :			ION OF HEAD VS DEC 23	ALTH — STAND 195 9	ARD CE	RTIF	ICATE O	_	11449	-	4 5 8	<u> </u>	4
NE	ED	Ì	R	egistration District No		nary Registration	District	t No	Registrar's No.	TTAR	 	JIAIE III		
 			<u></u>	, PLACE OF DEATH a. COUNTY					2. USUAL RESIDER	ICE (Where dece b. CO		. If Institu	tion: Re	esidence before admission)
l			_	b. CITY (If outside co	orporate limits, give TOWN	SHIP only)	Lengt	h of stay in 1b	c. CITY	SOULT				Inside Limits
				******	Louis				OR TOWN	St. Louis			- 1	Yes 🔲 No 🗎
			_	c. FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	tion)	<u>'</u>	Inside Limits	d. STREET ADDRESS	(If	outside, gi	ve location)		Reside on Farm
ĺ		I	_	INSTITUTION 2	2730 Pine Stre	et		Yes D No D	ADDRESS 2	2730 Pine	Stre	et		Yes No
Γ			3	NAME OF DECEASED (Type or print)	D First		Middle		Last	4. DATE OF DEATH	Mont		Day	Year
		ı	_	. SEX	Baxter	1			Patton			<u>-6-59</u>	VEAD	IF UNDER 24 HR
		1	3		6. COLOR OR RACE	7. Married [Widowed		ver Married [] Divorced [][8. DATE OF BIRTH				Days	Hours Min.
l		- 1	10	MAT 6	Negro (Give kind of work done	106. KIND OF	BUSINE	SS OR INDUSTRY		L 62 City and state or	country)	12. CITIZEI	N OF W	HAT COUNTRY
		ı		during most of worki	ing life, eyen if retired)						,			
	1	1	13	RR laborer (a. FATHER'S NAME	retal	<u>Wabash</u> 135. M	OTHER'	S MAIDEN NAMI	Lexington	NILSS. 14. N	ME OF HI	USA USBAND OR		
		- 1		Young W. F	atton	Ebmin	na L	ou Watso	n	unk				
l		ı		. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S			17. INFORMANT		A	ddress		
		1	(Y	es, no, or unknown) ((If	f yes, give war or dates of	service)	09_	2866	Marv E. Ti	icker 2	730 P	ine St	reet	
Į		۶l	□	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b),			/,	,	<u> </u>	<u> </u>	INTE	RVAL BETWEEN
ĺ		DOCUMENT		TORT I	IMMEDIATE CAUSE (a	ويسرني	M3	Autino	me He	aut Di	den.	- 2		En/
]	ਨੂ	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <u>, , , , , , , , , , , , , , , , , , </u>	, (/ I -				1-6-	
		8		Conditio	ons, if any,) DUE TO ()	o)							<u> </u>	
L		ļ		above stating	cause (a), the under- cause last. DUE TO (c)								
		1	ğ		I. OTHER SIGNIFICANT C disease condition given	ONDITIONS CO	NTRIBU	TING TO DEAT	l but not related to	the terminal	PART II	I. If decea there a p	regnanc	ras female was y in last 90 days.
l		1	3									☐ Yes	□ No	☐ Unknown
		ı	CERTIF	19. WAS AUTOPSY PERFORMED? YES NO DE	20a. ACCIDENT SUICID	E HOMICIDE	201	b. DESCRIBE HOV	V INJURY OCCURRED	. (Enter nature of	injury in f	ART I or PA	ART II o	f item 18.)
		Í	FDICAL	20c. TIME OF Hour INJURY a.m. p.m.								<u>, </u>		
		ļ	₹	20d. INJURY OCCURR WHILE AT WORK	ED 20e. PLACE	OF INJURY (e.g			Of. CITY, TOWN, OR	LOCATION		COUNTY		STATE
I		1				111			12/2/59	her		12/	,	
l]		i	21. I attended the de	ceased from	. (3)	} 	· 10.657	•	a rast raw him air		<u>. 70</u>	2/0	7 ——
1	1 1	1)	Death occurred a	11	5	1	m on the	date stated above, i	and to the best of	my know	ledge; from	the cau	ses stated.
l		o E		22a. SIGNATURE	46	Vaun	ر	an D	22b. ADDRESS 1423	No 9	u	L		22c. DATE SIGNED
L	Ц	₹	23	BURIAL, CREMATION,	, 23b. DATE	23c. NAME	OF CE	METERY OR CRE	MATORY 2	3d. LOCATION (ity, town,	or county)		(Style)
		AFFIDA	Ŕ	REMOVAL (Specify)	12-11-59	Washi	ingt	on Park	Cemetery :	St. Louis	Coun	ty, Mo		
1				. FUNERAL DIRECTOR	ADE	RESS		25. DATI	RECD. BY LOCAL R	EG. 26. REGIS	BAR'S SIG	NATURE	41	
		╆	<u>Ru</u>	ssell Und.,	Co. 2732 Pir			— — D E	<u>C 10 1959</u>		ant	AMIN	h.	
						(Lice	ensed Er	mbalmer's Statem	ent on Reverse Side)		-	700		

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Oans Allanti
Student	_ Signed Auls# Orlos
Signature of Student Embalmer	Licensed Embalmer Na.
	P. O. Address

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