

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

INDEXED

FILED VS FEB 25 1960

Primary Registration District No. \_\_\_\_\_ Registrar's No. **2-1852-60-008715** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>			Length of stay in 1b <b>40 years</b>		c. CITY OR TOWN <b>Saint Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4201 West Belle</b>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. MONTH DAY YEAR
First <b>CHESTER</b> Middle <b>A.</b> Last <b>PATTON</b>			<b>FEBRUARY</b>		<b>15 1960</b>
6. SEX <b>Male</b>	7. COLOR OR RACE <b>Negro</b>	8. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. DATE OF BIRTH <b>9/5/97</b>	10. AGE (last birthday) <b>62</b>	11. IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <b>Pullman Company</b>		11. BIRTHPLACE (City and state or country) <b>Camden, Arkansas</b>
10c. CITIZEN OF WHAT COUNTRY <b>U.S.S.A.</b>			12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <b>Luke Patton</b>			13b. MOTHER'S MAIDEN NAME <b>Harriet Elliott</b>		14. NAME OF HUSBAND OR WIFE <b>Eula Patton</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>Eula Patton 4201 West Belle</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>RENAL FAILURE</b>					<b>2 MONTHS</b>
DUE TO (b) <b>HYPERTENSION</b>					<b>2 YEARS</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)					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		COUNTY	STATE
21. I attended the deceased from <b>FEB. 9, 1960</b> to <b>FEB. 15, 1960</b> and last saw her him alive on <b>FEB. 15, 1960</b>					
Death occurred at <b>6:45 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. D. Vasmellia, M.D.</i> (Degree or title) <b>M. D.</b>			22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>2/16/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2/22/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Charles J. Gates 4107 Finney</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 17 1960</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EMBALMER HOSPITAL

**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

*Gupton Swann*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Av

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.