

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2532** STATE FILE NUMBER **60-008716**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis			Length of stay in 1b		c. CITY OR TOWN Saint Louis		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4586 a Garfield Ave.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 4586 a Garfield Ave.		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Edward Middle Henry Last Patton				4. DATE OF DEATH Month March Day 1 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-13-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Carlisle, Mississippi		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edward Patton		13b. MOTHER'S MAIDEN NAME Violet Lewis		14. NAME OF HUSBAND OR WIFE Lillian Patton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Lillian Patton 4586 a Garfield Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiovascular hypertensive disease DUE TO (c) 1 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. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH 17 days 14 years 443x	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Feb 13, 1960 to March 1, 1960 and last saw him alive on Feb 27, 1960 Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE X. A. Kilg (Degree or title) M.D.				22b. ADDRESS 1417 Franklin St. St. Louis		22c. DATE SIGNED 3-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/5/60		23c. NAME OF CEMETERY OR CREMATOR Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis county, mo.	
24. FUNERAL DIRECTOR Metropolitan Funeral System, Inc.		ADDRESS 5010 Enright		25. DATE RECD. BY LOCAL REG. MAR 4 1960		26. REGISTRAR'S SIGNATURE Carl Smith. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Mar

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.