

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6239-60-024844

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

STATE FILE NUMBER

FILED VS JUN 27 1960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>M</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP. #1</i>		d. STREET ADDRESS (If outside, give location) <i>2323 Market</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>ALBERT</i> Middle Last <i>PATTON.</i>		4. DATE OF DEATH Month <i>JUNE</i> Day <i>15</i> Year <i>1960</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>67</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <i>Lexington Miss</i>		12. CITIZEN OF WHAT COUNTRY <i>U S A</i>	
13a. FATHER'S NAME <i>Andrew Patton</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Bonds</i>	
14. NAME OF HUSBAND OR WIFE <i>none</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr Tucker 2730 Pine</i> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arterio insufficiency</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <i>421.1</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Thrombosis of left middle cerebral artery</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <i>JUNE 2, 1960</i> to <i>JUNE 15, 1960</i> and last saw him alive on <i>JUNE 15, 1960</i> Death occurred at <i>9:00</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Samuel W. Church Jr. M.D.</i>		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	
22c. DATE SIGNED <i>6/15/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6 23 60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lexington</i>	
23d. LOCATION (City, town, or county) (State) <i>Durant Miss</i>			
24. FUNERAL DIRECTOR <i>E. H. Buck 3506 Franklin</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>JUN 18 1960</i>	
26. REGISTRAR'S SIGNATURE <i>Lead Smith. M.O.</i>			

(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 Leroy M. Bernstein

Licensed Embalmer No. 4525

P. O. Address 4251 W. 1st

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.