MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1810 — 61-006792 STATE FILE NUMBER

FILED VS MAR 7 1961

1. PLACE OF DEATH a. COUNTY St. Mary's Infirmary.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN St Louis — Length of stay in 1b

c. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Infirmary — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 4471 Evans — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ceaser Middle Patterson Last

4. DATE OF DEATH Month 2 Day 20 Year 1961

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-21-1905

9. AGE (last birthday) 55

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Webb. Miss

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Patterson

13b. MOTHER'S MAIDEN NAME Margret Reed

14. NAME OF HUSBAND OR WIFE Alice M. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Alice M. Patterson Address 4471 Evans

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-Vascular disease — 3 years

DUE TO (c) 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Renal arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 2/18/61 to 2/20/61 and last saw him/her alive on 2/20/61

Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Merle B. Hertford M.D.

22b. ADDRESS 2715 N. Union Blvd

22c. DATE SIGNED 2/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-25-1961

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) Berkeley (State) MO.

24. FUNERAL DIRECTOR Hardy — ADDRESS 2606 Union

25. DATE RECD. BY LOCAL REG. FEB 23 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Hallow R. Williams

Licensed Embalmer No. 4926

P. O. Address 5135 Lotus St. Louis, Mo

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.