

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 3356
-61-011360

FILED APR 14 1961									
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) 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 Homer G. Phillips				Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 2919 Montgomery			Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Ed Middle Patton Last Patton					4. DATE OF DEATH Month 4 Day 7 Year 61				
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 12-27-04		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon, Miss.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Lem Patton			13b. MOTHER'S MAIDEN NAME Lou Bryant			14. NAME OF HUSBAND OR WIFE Emma Patton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 426-38-3874		17. INFORMANT Address Emma Patton 2919 Montgomery Street				
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 Hemorrhage DUE TO (b) Hypertension and Arteriosclerosis DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH Undet. Undet.	
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			
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 3-30-61 to 4-7-61 and last saw him alive on 4-7-61 Death occurred at 10:25 a. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Sydney A. Fraser, M.D.</i>				22b. ADDRESS 2601 N. Whittier St.			22c. DATE SIGNED 4-7-61		
23a. BURIAL (CREMATION) REMOVAL (Specify) removed	23b. DATE 4-13-61	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery			23d. LOCATION (City, town, or county) St. Louis County,		23e. (State) Mo.		
24. FUNERAL DIRECTOR ADDRESS Dement & Son 2629-31 Cole Street				25. DATE RECD. BY LOCAL REG. APR 10 1961		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>			

DATE ATTENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 W. Claude Gordon

I - 100

XX

10-100

10-100

20:01

Licensed Embalmer No. 34489

P. O. Address 1123 N. E. 7th

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.