

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5297

FILED JUN 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY - (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>45 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4307 Garfield Avenue</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>KATIE PATTON</u>		4. DATE OF DEATH Month Day Year <u>June 3 1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-26-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>59</u>
11. BIRTHPLACE (City and state or country) <u>Atlanta Ga</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Dalton Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Lawrence Hutchinson 4307 Garfield Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Right Lobar Pneumonia; Fractured Skull</u> IMMEDIATE CAUSE (a) <u>with intra-cranial hemorrhage; Fractured Ribs;</u> <u>suffered when car in which deceased was a passenger,</u> DUE TO (b) <u>operated by one Lawrence Hutchinson, went out of</u> <u>control and turned over on Highway #67, near: Lewis &</u> DUE TO (c) <u>Clark Bridge, about 1:00 A.M., on May 21st, 1961</u> 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 checked="" type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>See Above</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>1:00</u> Month, Day, Year <u>5-21-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>AI on Highway</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, pipe, office bldg., etc.) <u>AI on Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Alton, Illinois</u>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at <u>2:35 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul Simon</u> (Degree or title) <u>Deputy Coroner</u>		22b. ADDRESS <u>1300 Clark Ave</u>	22c. DATE SIGNED <u>6/16/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-9-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis Co Mo</u>
24. FUNERAL DIRECTOR <u>JAS H. RANDLE & SON</u> ADDRESS <u>3133 Bell Ave</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Esther K. Harris

Licensed Embalmer No. 4458
P. O. Address 4181 Wash

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.