SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-039635
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3083

FILED NOV 15 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b ~~60 yrs.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St.Louis County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St.Louis
c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 415 West Gate Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Essie Middle A. Last Patterman

4. DATE OF DEATH Month Day Year October 28th.,1961

5. SEX F.
6. COLOR OR RACE W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8/20/1879
9. AGE (last birthday) 82 — 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jonesburg,Missouri
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME James Murphy
13b. MOTHER'S MAIDEN NAME Eliza Williamson
14. NAME OF HUSBAND OR WIFE Paul H.Patterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT Address Mrs.Margaret Schloeman,6636 Crest 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) Unrecognizable disease — INTERVAL BETWEEN ONSET AND DEATH Unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 11:34 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond Harris Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 11/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/2/1961
23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 11-1-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 384 W [illegible]

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.