

77 APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10101

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City, Hosp)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2664
St. Ward)

2. FULL NAME

Fred Patterson

(a) Residence, No. 2015 S. Broadway Ward 23
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Pease</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 - 1859</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Massouri

FATHER
13. NAME John Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

MOTHER
15. MAIDEN NAME Elizabeth Horn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

17. INFORMANT (ADDRESS)
Oliver Pease
2015 S. Broadway St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Funerary DATE Mar 3 1937

19. UNDERTAKER (ADDRESS)
Motherhead
Des Moines

20. FILED
J. F. Bredeck
Registrar

MAR 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 29 1937, to Feb. 28 1937
I last saw him alive on Feb. 20 1937 Death is said
to have occurred on the date stated above, at 9:22 a.m.

The principal cause of death and related causes of importance were as follows:

Pallegra
62

Other contributory causes of importance:

arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury, 19.....

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Byler, M. D.
(Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

