13

N. B.—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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22562

Township ..... Primary Registration District No. 1003 Registered No. 6314

City St. Louis (No. 14 FOOT-OF-BIDDLES St. ..... Ward)

2. FULL NAME Herbert Atwaters

(a) Residence, No. 1429-N-9th Street St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1925

7. AGE 11 YEARS MONTHS 9 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) St. Louis Mo

13. NAME Herbert Atwater

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

15. MAIDEN NAME Picola Atwater Sand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maken Miss

17. INFORMANT (ADDRESS) Picola Atwater 1429 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walker Dickerson DATE 6-29-1937

19. UNDERTAKER (ADDRESS) Mrs. F. Thomas 2734 Sheridan Ave

20. FILED JUN 29 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:15 P.m.

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

Asphyxiation due to drowning in the Mississippi River, at the foot of Biddle St on the 24th

Date of onset

Other contributory causes of importance:

Day of June 1937 at about 2:15 P.m. accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/24, 1937

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred J. Perry, M. D.

(Address) Deputy Coroner

000

Cancelled 8-18-38 L. C. Stoltz

By Child's birth certificate # 10994 BC
8-19-1925 - St Louis - 9-336

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis

State File No. 2

Local Registrar's No. 6314

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of June, 1948, before me appears ....., who, upon ..... oath, states that the original record of birth/death for Herbert Atwater, died ~~born~~ 6-24, 1937 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 15 should read Piccola Island
Instead of Picesla Atwater

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Piccola H. Simms ~~Wife~~ Inf
Relationship.

1525 S. D st. E. St. Louis, Ill
Present Address.

Subscribed and sworn to before me this 4th day of June, 1948

My Commission expires Jan. 21, 1949 Harrison W. Hollis Notary Public.

29522-5

Thomas - Edom -
2812 Cass