

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39380  
Do not use this space.

1. PLACE OF DEATH **St. Louis** **791**  
 (a) County **St. Louis** Registration District No. **1003**  
 (b) Township Primary Registration District No. \_\_\_\_\_ Registered No. **10367**  
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **7** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Adline Atkinson**  
 (a) Residence, No. **2830 Gable** St. **2/**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1874**

7. AGE YEARS **63** MONTHS **10** DAYS **5** If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**  
 9. Industry or business in which work was done, as 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) **Mississippi**

FATHER 13. NAME **unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Method Mississippi** DATE **Nov 6, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **English Und. Co 2931 Casson Ave**

20. FILE NO. **NOV 8 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov, 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 13, 1937** to **Nov. 6, 1937**

I last saw her alive on **Nov. 6, 1937**. Death is said to have occurred on the date stated above, at **12:25 a.m.**

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

**Senile dementia with terminal pneumonia Bronchial** Date of onset **8/13/37**

Other contributory causes of importance: **107a**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify. \_\_\_\_\_  
 (Signed) **D. L. Lawrence**, M. D.  
 (Address) **2601 N Whittier**

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.

000-231-21

DEC 13 1937

NOV 8 1937

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed John Ketter  
Licensed Embalmer No. 3880

**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.)**