

JAN 24 1938

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

46723
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 290
 (b) Township Clayton Primary Registration District No. 6033
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 460
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leon G. Atkinson.

(a) Residence, No. 8135 Washington Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Ora Atkinson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1881.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. (cigar)
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey.

13. NAME L.G. Atkinson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey.

15. MAIDEN NAME Mary Scott.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT (ADDRESS) Mrs. Laura Ora Atkinson.
8135 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cemetery DATE December 12, 1937

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Plitach Inc.
5946 Easton Ave.

20. FILED 17/3 1937 D. G. Aguiar
 Total Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 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 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset
8/22

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? Yes
 If so, specify John O. Connell M. D.
 (Signed) John O. Connell (Address) Coroner, St. Louis Co.

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.

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

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.)