

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6668

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: H G Phillips Hospital 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo 7 days  
(Specify whether \_\_\_\_\_)  
In this community 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4125 Finney  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Atkins 325

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MAR

6. (b) Name of husband or wife ANGELINE 6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased March 4, 1880  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>60</u> | <u>4</u> | <u>27</u> | hr. min.             |

9. Birthplace Louisiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Willie Atkins 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Payne 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mellor Berger  
(b) Address 4011 Page Blvd

17. (a) Burial (b) Date thereof 8 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Rose Funeral Home  
(b) Address 3704 Finney Ave

19. (a) AUG 5 1940 (b) J. B. Budick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1940 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from June 25, 19 40, to July 31, 19 40  
that I last saw him alive on July 31, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mycocarditis  
Bronchopneumonia  
Duration: 3 das  
2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy As above

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Allen, O. (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed \_\_\_\_\_

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed NO Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**