

13-40
7-39
X23189

Registration District No. **791**

Primary Registration District No. **1003**

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours
(Specify whether
In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME William Atchison

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Sept. 8, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 2 11 hr. min.

9. Birthplace Jefferson Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business Self

12. Name Hiram Atchison

13. Birthplace Jefferson Co., Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Young

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. Atchison
(b) Address 2855 Eads Ave

17. (a) Burial (b) Date thereof 11/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Matthews Cem
(d) Signature of funeral director H. W. McLaughlin
(e) Address 2301 Lafayette Ave

19. NOV 20 1940 (Date received by Registrar) (b) J. J. [Signature] (Licensed Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 23
(d) Street No. 2855 Eads Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic Cancer
Due to Aspertergomy of Heart
Other conditions (include pregnancy within 3 months of death)
Major findings: A2a
Of operations.....
Of autopsy.....

Duration

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?

While at work? (Specify type of place) (e) Means of injury 5
23. Signature Joseph M. [Signature] (M. D. or other)
Address Deputy Coroner

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

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

L. R. Crump

Licensed Embalmer No.

2633

P. O. Address

237 Lafayette

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, fact should be so stated above.