

FILED FEB 1 1943
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 710

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:
6543 Marmaduke /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution nil
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6543 Marmaduke
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Harvey Atchisson
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN. day 21
 year 1943 hour 12 minute 10 P. M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie Atchisson
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased March 13, 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939
 19..... to 1/21/43 19.....
 that I last saw him alive on 1/2/43 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 10 8 ..hr.min.

Immediate cause of death.....
Coronary Thrombosis
 Due to Cardio-nephritis 5 yrs.
 Due to.....

9. Birthplace Dahlgren, Ill.
 (City, town, or county) (State or foreign country)

Other conditions.....
 (Include pregnancy within 3 months of death) 1/21

10. Usual occupation Mining Promoter

11. Industry or business.....

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Hiram Atchisson
 13. Birthplace Dahlgren, Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Minyard Atchisson
 (b) Address 2807 Merimec

17. (a) Burial (b) Date thereof.....
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 7456 Manchester

While at work?..... (Specify type of place)
 (c) Means of injury.....
 23. Signature E. P. Termany (M. D. or other) MD.
 Address 2901 Big Bend Pl. Date signed 1/23/43

19. (a) JAN 25 1943 (Date received local registrar)
J. F. Budeck (Registrar's signature)

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..... *J.P. Burgess*.....
Licensed Embalmer No. *4029*
P. O. Address..... *Maplewood*.....

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.