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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 3526

FILED MAY 3 1943
Registration District No.

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution CITY HOSPITAL
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 009 12 22
(c) City or town ST. LOUIS
(d) Street No. 2620 CAROLINE ST.
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME SALLIEANNA ATKINS
3. (b) If veteran, name war NO
3. (c) Social Security No. 492-01-6335

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 12 year 1943 hour minute 10:45 PM
21. I hereby certify that I attended the deceased from 3-20 to 4-12-43
that I last saw her alive on 4-12-43 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife ANDREW ATKINS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 30 1889 (Month) (Day) (Year)

Immediate cause of death: Mitral Stenosis & Pulmonary Embolus
Due to 92
Other conditions: A. Callender
Major findings: Of operations: 4-14-43
Of autopsy: Deputy Coroner

8. AGE: Years 53 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation SHOE WORKER

11. Industry or business INTERNATIONAL SHOE CO.

12. Name SAMUEL CHAPMAN

13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

14. Maiden name MARY HUGHES

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

16. (a) Informant Mrs. Mary Chapman

(b) Address 2620 CAROLINE ST.

17. (a) Burial (b) Date thereof APRIL 15/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DESOTO MO

18. (a) Signature of funeral director E. J. Schurer (b) Address 3125 Lafayette Ave. (c) Date received local registration APR 14 1943

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
23. Signature E. J. Schurer (M. D. or other) Address 2767 1/2 Park Ave Date signed 4-14-43

19. (a) (b) J. J. Prodeck (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.....

James B. Vollmer

Licensed Embalmer No. *4014*

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, fact should be so stated above.