

S. No. 2
M-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4860
Registrar's No. 2156

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
1523
(c) City or town St. Louis. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1806 Preston Place.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Joseph Atchison.
3. (b) If veteran, name war No. 3. (c) Social Security No. -----
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. About 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1944 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from 2-29-1944 to 3-2-1944
and that death occurred on the date and hour stated above
Immediate cause of death: Bypass obstructions of Peritonitis
Duration 66 hrs.
Due to Hypertension
Due to Cerebral hemorrhage in 1939
Other conditions: Partial Paralysis (Include pregnancy within 3 months of death)
Major findings: Of operations x
Of autopsy: Unkilled small intestine with gangrene and Peritonitis

8. AGE: Years Months Days If less than one day
About 80 Unknown hr. min.
9. Birthplace: New York (City, town, or county) (State or foreign country)
10. Usual occupation: Retired

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. 0

MOTHER FATHER
11. Industry or business.
12. Name: Unknown
13. Birthplace: Unknown (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: Julia Schoener
(b) Address: 1806 Preston Place.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory
18. (a) Signature of funeral director: Van C. Myrdell
(b) Address: 1926 Allen Av.
19. (a) MAR 4 1944 (Date received local registrar) J. P. Bredesch (Registrar's signature)

23. Signature: L.F. Murray (M. D. or other)
Address: 900 - Russell Date signed 3-3-44

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 me

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

Signed

J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.