S. No. 2
JM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17987

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1081

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 OAK STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 29 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 403 OAK ST.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME CHARLES ELWOOD ATKINS
3. (b) If veteran, name war No.
3. (c) Social Security No. 493-25-1887
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EVA DAVIS ATKINS
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased SEPTEMBER-11-1887 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day — hr. — min.

9. Birthplace MARTIN-ALLEGAN MICHIGAN (City, town, or county) (State or foreign country)
10. Usual occupation ELECTRICAL ENGINEER
11. Industry or business UNION ELECTRIC CO
FATHER
12. Name SAMUEL WAYNE AKINS
13. Birthplace UNKNOWN USA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name FRACES MINERVA BLAKEMAN
15. Birthplace UNKNOWN USA (City, town, or county) (State or foreign country)
16. (a) Informant MRS EVA DAVIS ATKINS
(b) Address 403 OAK STREET W. G.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation SPRINGFIELD MO.
18. (a) Signature of funeral director Parker Funeral Co
(b) Address WEBSTER GROVES MO.
19. (a) 5-20-46 (Date received local registrar) (b) Edm. Gannon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 12 minute 02 a. M.
21. I hereby certify that I attended the deceased from June 30, 1946 to May 17, 1946 that I last saw him alive on May 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalopathy	11 Mo.
Due to: Hypertension Cardiovascular disease	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diaphysmal Lady Addis	

Major findings:
Of operations ____
Of autopsy ____

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 H. R. Gaddis (M. D. or other)
Address 19 E. Lockwood Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

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

16540

DEC 1 8 1946

DEC 1 4 1947

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 Leslie Walich

Licensed Embalmer No. 4395

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.