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X47076

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34906

State File No. \_\_\_\_\_

FILED OCT 16 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 8612

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:  
# 220 No. Kingshighway Blvd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 220 No. Kingshighway Blvd.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLORENCE L. ATKINSON.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Atkinson.

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 17 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

96	4	20	hr. _____ min.
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9. Birthplace Richmond, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired;

11. Industry or business Public Lecturer, Book Reviewer.

MOTHER FATHER

12. Name Edward A. Lewis.

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

14. Maiden name Parthenia Bradford.

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

16. (a) Informant Harreitt Wiederholdt.

(b) Address 1035 Claytonia Terrace.

17. (a) Burial (b) Date thereof Oct. 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) OCT 7 1946 (b) J. F. Bredeek  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7<sup>th</sup>  
year 1946 hour 9 minute 48 M.

21. I hereby certify that I attended the deceased from July 1938  
2 to Oct 7<sup>th</sup> 1946  
that I last saw her alive on Oct 6<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Arteriosclerosis and coronary occlusion  
10 yrs and 3 days

Due to \_\_\_\_\_

Other conditions AK  
(Include pregnancy within 3 months of death)

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) Signs of injury \_\_\_\_\_

23. Signature Harreitt B. Gust (M. D. or other) \_\_\_\_\_

Address 6635 Delmar Date signed 10-7-46

6635 Debeaux  
PH 1724

10 to 1

OCT 24 1946

**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 Clarena H. Murre

Licensed Embalmer No. 45011

P. O. Address St Louis

**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.**