

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

383511

State File No. _____
Registrar's No. **10265**

Registration District No. _____ Primary Registration District No. **1003**

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: **Homer G Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community _____ years, months or days (Specify whether)

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. **2919 rear Chouteau**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Beatrice Eynum Atkins**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **27**
year **1946** hour **2** minute **a** M.
21. I hereby certify that I attended the deceased from **Nov. 20**, 19**46**, to **Nov. 27**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **marrie**
6. (b) Name of husband or wife **Jamy** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **5 1 1902**
(Month) (Day) (Year)

Immediate cause of death:
Renal Calculus (left)
Pyelonephritis, Chronic
Uremia
Duration
6 mos.
48 hrs

8. AGE: Years **40** Months **5** Days **27**
If less than one day _____ hr. _____ min.

Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace **Brownville Tenn**
(City, town, or county) (State or foreign country)
10. Usual occupation **HOUSE WIFE**
11. Industry or business _____
12. Name **George Vaughn**
13. Birthplace **Brownville Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Un known**
15. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Elvie Vaughn**
(b) Address **2919 R. Chouteau ave**
17. (a) **Buried** (b) Date thereof **12-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Wood Cemetery**
18. (a) Signature of funeral director **GUS HOWE**
(b) Address **2950 Dickson St**
19. (a) **DEC 2 1946** **J. F. Bredak**
(Date received local registrar) (Registrar's signature)

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 **D. W. Brown** (M. D. or other) _____
Address **2601 N Whattier** Date signed **11/30/46**

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

Signed *Arthur P. Herliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *1154 Boyard Ave*.....

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.