F. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35459

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9661

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2717 Market St 9
(If rural, give location)

21 0

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

If yes, name country

3. (a) PRINT FULL NAME: Lovie ~~Atkins~~ Akins

3. (b) If veteran, name war

3. (c) Social Security No.: none

4. Sex: Female 2

5. Color or race: negro

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug. 13 - 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	2	0	hr. min.

9. Birthplace: Newport (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: Paten Akins
13. Birthplace: Ark 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lillie Harris
15. Birthplace: Ark 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Akins
(b) Address: 1505 N. Jefferson Ave

17. (a) Burial, cremation, or removal: Shipping (b) Date thereof: 10.18.47 (Month) (Day) (Year)
(c) Place: burial or cremation: Newport, Ark.

18. (a) Signature of funeral director: Atkins Bros
(b) Address: 3644 Finney Ave

19. (a) OCT 18 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct. 4 1947 to Oct. 13 1947 that I last saw her alive on Oct. 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension with Aortic Insufficiency	Undet.
Due to: 92 a	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: None

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Oscar L. Daniels (M. D. or other)
Address: 2601 N Whittier Date signed: 10/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.