S. No. 2
I—1/47
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. 6003

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1298

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 (Specify whether
In this community years, months or days)

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. 2645 a Pine St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dan Atkinson

3. (b) If veteran, name war

3. (c) Social Security No. 486-18-6361

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 15, 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	3	4	hr. min.

9. Birthplace Meridian, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (shoe sole maker)

11. Industry or business International Shoe Co.

FATHER
12. Name Israel Atkinson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Atkinson
(b) Address 2645a Pine Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) FEB 23 1948 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1948 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Feb. 18, 1948 to Feb. 19, 1948 that I last saw him alive on Feb. 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Gastro-Intestinal Hemorrhage (Prob. Bleeding Peptic Ulcer)	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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? Means of injury

23. Signature Oscar L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 2/20/48

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 Clark Young

Licensed Embalmer No. 3371

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.