

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2425
Registrar's No. 670

318

1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 670	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS		14	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4131 N. NEWSTEAD AVE				d. STREET ADDRESS (If rural, give location) 4131a N. Newstead Avenue 9			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) D.		c. (Last) Atkins		4. DATE OF DEATH (Month) (Day) (Year) 1 20 49	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 7 TH 1891	
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY M.K.T. RR. CO.		11. BIRTHPLACE (State or foreign country) NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VALUATION ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY M.K.T. RR. CO.		11. BIRTHPLACE (State or foreign country) NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SMITH D. ATKINS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ESTELLE ATKINS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ESTELLE ATKINS, 4131 N. NEWSTEAD AV.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis chr DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr. Indef	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 25, 1948, to Jan 20, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 7:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland S. Shepper M.D.				23b. ADDRESS 4500 Olive St		23c. DATE SIGNED Jan 21, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 1-24-49		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MISSOURI	
DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE J. B. Legates		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4848 NAT'L BRIDGE B.			

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

10

670

to above
Mae I
Lister Building
4500 Olive St.
St. Louis, Mo.

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.....

Student Embalmer No.

working under my personal supervision.

Signed John A. Mlinar

Signed.....
Student Embalmer

Licensed Embalmer No. 4184

P. O. Address St. Louis, Mo.

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.