

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13561
State File No. 3830

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1866 Menard St.				d. STREET ADDRESS (If rural, give location) 1866 Menard St.			
3. NAME OF DECEASED (Type or Print) EMMA			a. (First) b. (Middle) c. (Last) -- ATKINSON			4. DATE OF DEATH (Month) (Day) (Year) April, 27, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 17, 1871	
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saxony Germany		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13a. FATHER'S NAME Chris Golla		13b. MOTHER'S MAIDEN NAME Pauline Smallfoot		14. NAME OF HUSBAND OR WIFE SAM ATKINSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Archer 1866 Menard			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver (Portal) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Jaundiced DUE TO (c) Arterio-sclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis Ulcer, Scurvy INTERVAL BETWEEN ONSET AND DEATH Known 2 yrs ? ? 3 mo			
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		124	
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 5810			
22. I hereby certify that I attended the deceased from 28 April, 1949, to April 25, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 10:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Gene B. Hartshoff (Degree or title) M.D.				23b. ADDRESS 979 University Club Bldg		23c. DATE SIGNED 29 April 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/30/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. APR 29 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK FUNERAL HOME 1722 S. Jeff.			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Alex A. Chumick Jr

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jef

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.