

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34559**
8745

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fardland 1120</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosemary</u> b. (Middle) c. (Last) <u>Atkinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>May 13-1949</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amere</u>

13a. FATHER'S NAME <u>C. Glenn Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>nil ---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. <u>nonve</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Childrens Hospital Records</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>leukemia</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>20 ft. H</u>

22. I hereby certify that I attended the deceased from 10-5, 1950 to 10-14, 1950 that I last saw the deceased alive on 10-14, 1950 and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. Thurston</u> (Degree or title)	23b. ADDRESS <u>Children's Hospital</u>	23c. DATE SIGNED <u>10-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portland, Missouri</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 16 1950</u> <u>J. Blaser</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>
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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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.