

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

5830

State File No. 1698

BIRTH NO. 67712-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1698

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2825 Madison	

3. NAME OF DECEASED (Type or Print) Elaine	a. (First)	b. (Middle)	c. (Last) Atkins	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1951
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Oct 31, 1950	9. AGE (In years last birthday) 3	# UNDER 1 YEAR 15	# UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Atkins	13b. MOTHER'S MAIDEN NAME Dorothy Fleunings	14. NAME OF HUSBAND OR WIFE -
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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 Henry Atkins	ADDRESS 2825 Madison Ave
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Life
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Ventricular Hypoplasia Absent tricuspid valve		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 75th St

22. I hereby certify that I attended the deceased from 1-25, 1951, to 2-15, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 5:40a m., from the causes and on the date stated above.

22a. SIGNATURE John Lewis M.D.	(Degree or title)	22b. ADDRESS 2601 N Whittier St	22c. DATE SIGNED 2-16-51
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22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE 2-21-1951	22c. NAME OF CEMETERY OR CREMATORY Washington Park	22d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 5821 1951	REGISTRAR'S SIGNATURE J. B. Hasater	22. FUNERAL DIRECTOR'S SIGNATURE Atkins Wood	ADDRESS 3644 Family
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Finley Ave

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.