

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**15430**

**FILED APR 18 1953**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3574**

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY				a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <span style="float:right"><b>2219</b></span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2717 2710 LUCAS</b> <span style="float:right"><b>0</b></span>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Paul</b>		a. (First)		b. (Middle)		c. (Last) <b>Atkins</b>	
4. DATE OF DEATH <b>April 2 1953</b>		(Month) (Day) (Year)					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>Dec 25 1885</b>	
9. AGE (In years last birthday) <b>67</b>		10. MONTHS <b>3</b>		11. YEAR <b>8</b>		12. HOURS & MIN. <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Charcoal, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EMORY ATKINS</b>		13b. MOTHER'S MAIDEN NAME <b>LIZA</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARY ATKINS</b> ADDRESS <b>2710 LUCAS</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
<p><small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>				<b>Undet.</b>	
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Hypertension</b> <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS* <b>None</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332x</b>			
22. I hereby certify that I attended the deceased from <b>3-25</b> , 19 <b>53</b> , to <b>4-2</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-2</b> , 19 <b>53</b> , and that death occurred at <b>10:03p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edna E. Brooks</b>				23b. ADDRESS <b>2601 Whitten</b>		23c. DATE SIGNED <b>4-5-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Apr. 19 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>Wallston, Missouri</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. S. KOONCE</b>		ADDRESS <b>1221 N Grand</b>	

APR 6 1953

(Licensed Embalmer's Statement on Reverse Side)

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 C. Cream.....

Licensed Embalmer No. 4755.....

P. O. Address 1221 N. 4th.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.