

No. 305 FILED JUL 31 1953  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26098  
Registral's No. 6801

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1231 Armstrong St. e. STREET ADDRESS (If rural, give location) 22 1231 & Armstrong St. 2229

3. NAME OF DECEASED a. (First) Dock b. (Middle) \_\_\_\_\_ c. (Last) Atkins 4. DATE OF DEATH (Month) (Day) (Year) 7- 7- 53

5. SEX M. 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 1-10-76 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 76 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Hope Ark. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charlie Atkins 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Minnie Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Atkins 1231 Armstrong

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Epistaxis  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) \_\_\_\_\_ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 30 days

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? none 444X

22. I hereby certify that I attended the deceased from 6-10-53, to 7-7-53, that I last saw the deceased alive on 7-7-53, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis D. Alexander MD 23b. ADDRESS 826 N. Channing St. Louis 23c. DATE SIGNED 7-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-13-53 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) 9500 Natural Bridge Mo.

DATE REC'D BY LOCAL REG. JUL 9 1953 REGISTRAR'S SIGNATURE J. Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE F. McVendon ADDRESS 4535 Washington

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.....  
Signature of Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *444*  
P. O. Address *4223 E. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.