

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. **29746**
Registrar's No. **7438**

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 Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home				d. STREET ADDRESS (If rural, give location) 4385 Maryland Dr.			
3. NAME OF DECEASED (Type or Print) Shilton		a. (First) _____		b. (Middle) _____		c. (Last) Atkinson	
4. DATE OF DEATH (Month) (Day) (Year) July 28 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 10, 1875		9. AGE (In years last birthday) 77		10. MONTHS 7		11. DAYS 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Dr. Robert B. Atkinson		13b. MOTHER'S MAIDEN NAME Mary Ruth Atkinson		14. NAME OF HUSBAND OR WIFE Stella Doremus Atkinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Frank Daugherty ADDRESS 5043 Lindowne			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes Mellitus				3 yrs	
		DUE TO (c) Right Hemiplegia with left side				3 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Paralysis				3 yrs	
19a. DATE OF OPERATION _____		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) _____			
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? 260X			
22. I hereby certify that I attended the deceased from 1943 , 19____, to 7/29/53 , 19____, that I last saw the deceased 6P on 7/29/53 , 19____, and that death occurred at 6P m., from the causes and on the date stated above.							
23a. SIGNATURE Frank Daugherty (Degree or title) _____				23b. ADDRESS Chemical Bldg., St. Louis, Mo.		23c. DATE SIGNED 7/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31st 53		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. Florissant + Union Bl. Mo		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. JUL 31 1953		REGISTRAR'S SIGNATURE Frank Smith		25. FUNERAL DIRECTOR'S SIGNATURE McGill Campbell ADDRESS Mortuary 5765 Delmar Bl.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Ken Campbell

Licensed Embalmer No. 5851

P. O. Address 112 S. Main St.

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.