

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34466**  
#86 89

FILED OCT 24, 1955

BIRTH NO. _____		REG. DIST. NO. <b>306</b>		PRIMARY REG. DIST. NO. <b>6048</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Dardenne Township</b>				c. CITY OR TOWN <b>Dardenne Township</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#12 Dardenne Lane</b>				e. STREET ADDRESS (If rural, give location) <b>#12 Dardenne Lane.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Margaret</b>		c. (Last) <b>Atley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 6, 1908</b>	
9. AGE (In years last birthday) <b>47 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Sowinski</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Paul Atley, Sr.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-10-8263</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Paul Atley, Sr.</b> ADDRESS <b>St. Charles Co. Mo.</b>			
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) <b>Myocarditis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atrial Fibrillation</b> DUE TO (c) <b>4222</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rt Inguinal Hernia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>before June 1955</b> <b>1955</b>	
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) <b>July 21 1955</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Mar 10, 1951</b> , to <b>July 21, 1955</b> that I last saw the deceased alive on <b>July 21, 1955</b> , and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leroy E. Ellison MD</b>		(Degree or title)		23b. ADDRESS <b>3610 So Broadway St Louis</b>		23c. DATE SIGNED <b>Oct 4, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 6, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 4 - 95</b>		REGISTRAR'S SIGNATURE <b>E. A. Kishley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Nat'l. Bridge, 15</b>			

File in St. Charles  
424 Jefferson,  
Mrs. Hamilton, Registrar

NOV 22 1958  
JUN 4 1958

### 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..... *Ruepha E. Zindlers*

Licensed Embalmer No...422

P. O. Address... *St. Louis*

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.