

FILED JUL 25 1957

STANDARD CERTIFICATE OF DEATH

26754

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1662

| | | | | | | | | |
|---|--|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp. | | | Length of stay in Is 25 days | | d. STREET ADDRESS (If outside, give location) 3229 LaSalle St. | | Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First NELLIE Middle B. Last ATCHISON | | | | 4. DATE OF DEATH Month JUNE Day 28 Year 1957 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH June 9, 1903 | | |
| | | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. AGE (In years last birthday) 54 | | IF UNDER 1 YEAR Months 54 Days 54 Hours 54 Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | | 10b. KIND OF BUSINESS OR INDUSTRY Private Homes | | 11. BIRTHPLACE (City and state or country) Chatanooga, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Miles Atchison | | | | 14. MOTHER'S MAIDEN NAME Emma White | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mrs. Ernie M. Taylor 3229 LaSalle | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fecal Fistula - Postoperation Abscess DUE TO (b) Intestinal Obstruction DUE TO (c) Carcinoma of Transverse Colon - Previous Surgery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Generalized Arteriosclerosis - Hypertension | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 13 days 25 days. ? | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 153X | | |
| 20c. TIME OF INJURY. Hour 12:05 Month 7 Day 1 Year 1957 a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 6-3-57 to 6-28-57 and last saw her/him alive on 6-28-57 Death occurred at 12:05 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Richard N. King M.D. | | | | 22b. ADDRESS 601 S. Brentwood Clayton, Mo. | | 22c. DATE SIGNED | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7/1/57 | | 23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery | | 23d. LOCATION (City, town, or county) (State) Dayton Ohio | | |
| 24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney St. Louis, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 7/10/57 | | 26. REGISTRAR'S SIGNATURE Herbert B. Dombek | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Leroy U. Bannister*

Licensed Embalmer No. *445*

P. O. Address *4231 9th St. Kansas, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.