MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-035887

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9438 STATE FILE NUMBER

FILED OCT 1 1 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 6 HRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 35 Shawnee — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Robert Middle Daniel Last Atkins

4. DATE OF DEATH: Month October Day 1 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-1-62
9. AGE (last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours 8 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY: NIL
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Thomas Atkins
13b. MOTHER'S MAIDEN NAME: Joann Mary O'Sullivan
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs. Joann Atkins — Address: 35 Shawnee, Florissant

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis of lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity — 1 day
DUE TO (c): 762.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/1/62 to 10/1/62 and last saw her/him alive on 10/1/62
Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jackson Eto (Degree or title) M.D.
22b. ADDRESS: 6500 Chippewa
22c. DATE SIGNED: 10/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10/3/62
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

24. FUNERAL DIRECTOR: WHITE-MULLEN ADDRESS: MORTUARY, FERGUSON, MO.
25. DATE RECD. BY LOCAL REG.: OCT 2 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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. NOT EMBALMED

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.