WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10771

PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 2608

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St. Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Michael Atchity

(a) Residence, No. 1105 Saint 7th St., VV Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED (*write* the word): divorced

5A. IF ~~MARRIED, WIDOWED,~~ OR DIVORCED HUSBAND OF (~~OR WIFE~~ OF Beatrice Atchity.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1880

7. AGE: about 54 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

FATHER

13. NAME: N. Prince

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): Mrs Beatrice Atchity 1105 S. 7th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews Cem DATE March 14, 1934

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette Av.

20. FILED MAR 15 1934 19.. J. F. Biedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 - 10 - 1934 to 3 - 13 - 1934

I last saw him alive on 3 - 13 - 1934. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung primarily — Date of onset 33
Carcinomatous
ascites

Other contributory causes of importance:
Myocarditis, Chronic
49 B
58 B
93 C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. W. Thor, M. D.

(Address) Barnes Hospital