

DEC 12 1938

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

37328
Do not use this space.

1. PLACE OF DEATH

(a) County..... | Registration District No. 791
(b) Township..... | Primary Registration District No. 1008 Registered No. 9655
(c) City St. Louis - Mo. (d) Street No. 500 S. Knapshighway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 5 How long in U.S., if of foreign birth? yrs. mos. ds.
St. Louis Childrens Hospital

2. PRINT FULL NAME

Phyllis Atchison
(a) Residence, No. 110 S. 13th St. St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) St. Louis - Mo.

FATHER 13. NAME Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Nora Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT M. E. Matthews
(ADDRESS) 500 S. Knapshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE NOV. 7

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin
2301 Lafayette

20. FILED NOV 7 1938 J. P. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1938 to 11-5, 1938

I last saw her alive on 11-5, 1938 Death is said to have occurred on the date stated above, at 2 p.m.

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

Staphylococcus saprophyticus
multiple abscesses
metastatic
pyelitis
N.M.O.

Date of onset

Other contributory causes of importance: 36

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

What test confirmed diagnosis Bacterium 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) St. Louis Childrens Hospital M. D.

(Address) 4932 Maryland Ave

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,

L. R. Cooper

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *L. R. Cooper*

Licensed Embalmer No. *2623*

P. O. Address *2317 Lafayette*

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, above space should be left blank.