No. 2
1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13827 3405

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Visitation Convent (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community (Virginia Atwater)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 5448 Cabanne Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Sister Margaret Mary Atwater

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: S. 0

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. 4th., 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	3	hr. min.

9. Birthplace: New Orleans (City, town, or county) La. (State or foreign country)

10. Usual occupation: Religious

11. Industry or business:

MOTHER FATHER

12. Name: Francis Atwater

13. Birthplace: N.Y. (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Garnett

15. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mother Claude Agnes Dean

(b) Address: 5448 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd.

19. (a) APR 8 1948 (Date received local registrar) J. F. Bradford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th., year 1948 hour 8 minute p. M.

21. I hereby certify that I attended the deceased from January 20th 1946 to April 7th 1948 that I last saw her alive on April 6th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Lymphatic Leukemia	2½
Due to: —	Jan. 7th 21
Due to: —	
Other conditions: — 7H (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Augustus P. Hynes (M. D. or other)

Address: 306 Humboldt Bldg. Date signed: April 8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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, fact should be so stated above.