FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34650

FILED OCT 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8950

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Whiteside Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella May Saunders

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct (Month) 3 (Day) 1872 (Year)

8. AGE: Years 76 Months 0 Days 12 If less than one day — hr. — min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER
12. Name Albert A Atkins
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Richardson
15. Birthplace Pike Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. B. H. Swain
(b) Address 7317 Zephyr

17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Eolia Mo

18. (a) Signature of funeral director Mc Cue Funeral Co
(b) Address Eolia Mo

19. (a) OCT 15 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 15th day
year 1948 hour 9:48 minute AM.

21. I hereby certify that I attended the deceased from Oct 10th, 1948, to Oct 15, 1948, that I last saw him alive on 15 Oct, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Lymphatic Leukemia	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature John Brown (M. D. or other) M.D.
Address Maplewood Mo Date signed 10/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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: Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia Mo

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.