

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21915

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1241

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS CO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS COUNTY MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES MO</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>925 N. ELM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) _____ c. (Last) <u>ATCHISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 18 49</u>		
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5. SEX <u>FEMALE 3</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 6 - 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Kolla Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>
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13a. FATHER'S NAME <u>ABRAHAM ALLISON</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA ALLISON</u>	14. NAME OF HUSBAND OR WIFE <u>MR GUY ATCHISON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 yrs</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia, Acidosis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5-9 1949 to 5-18 1949, that I last saw the deceased alive on 5-18 1949 and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr Wm Frito MDO</u> (Degree or title)	23b. ADDRESS <u>601 Brentwood</u>	23c. DATE SIGNED <u>5-18 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>24 MAY 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-19-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Lunn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Theresa L. Lunn</u> ADDRESS <u>14 Wynaire</u>
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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.

Signed.....

Frederic J. Handell

Signed.....

Student Embalmer

Licensed Embalmer No. *4243*

P. O. Address *114 W. Myrtle St
Hickory, N.C.*

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.