

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25908

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5888

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis (20)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in lb 4 days	d. STREET (If outside, give location) ADDRESS 3729 Pine Grove
3. NAME OF DECEASED (Type or print) First Middle Last May Elizabeth Atkinson		4. DATE OF DEATH Month Day Year June 22, 1957	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1889
9. AGE (In years last birthday) 68 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John M. Ypmaison	
14. MOTHER'S MAIDEN NAME Hildegard Niewenhof		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Charles E. Atkinson 3729 Pine Grove	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage chest ulcerating carcinoma DUE TO (b) Recurrent carcinoma breast. Operation DUE TO (c) Carcinoma breast Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7 yrs Hypertensive cardiovascular disease 20 year Thrombosis retinal vessels			INTERVAL BETWEEN ONSET AND DEATH 4 days 4-1-50 1850
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1934 to June 22, 1957 and last saw her alive on 6-22-57 Death occurred at 2:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. W. Claus (Degree or title) M.D.		22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo	
22c. DATE SIGNED 6-24-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE June 26, 1957		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. JUN 25 57	
26. REGISTRAR'S SIGNATURE Charles E. Atkinson M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mrs

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..

Student.....  
Signature of Student Embalmer

Signed *jos. E. McCulloch*

Licensed Embalmer No. *24*

P. O. Address *61752*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.