

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-030542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7624 STATE FILE NUMBER 30542

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Mo Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) KIRKWOOD
1146 EVANS ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last BABY ATKINS 4. DATE OF DEATH Month 7 Day 10 Year 61
 5. SEX FEMALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH JULY 10-61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. 1 10
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St Louis, Mo 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME DOUGLAS CLARK ATKINS 13b. MOTHER'S MAIDEN NAME MARGARET H. Philhower 14. NAME OF HUSBAND, OR WIFE _____
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mother Address 1146 EVANS ST. KIRKWOOD 22, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Premiable premature. INTERVAL BETWEEN ONSET AND DEATH _____
 DUE TO (b) Obstructive & premature Rupture of memt.
 DUE TO (c) 761.5 D
 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) _____ PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 7-10-61 to 7-10-61 and last saw her/him alive on 7-10-61
 Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph D. Puffer, M.D. (Degree or title) 22b. ADDRESS 135 W. Adams Kirkwood 22c. DATE SIGNED 7-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE 8-31-61 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 4104-06 Manchester 25. DATE RECD. BY LOCAL REG. AUG 17 1961 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 ITEM NO. _____
 -BY-AFFIDAVIT OF _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.