

IMPORTANT!
 Black Ink or Typewriter
 Ribbon Mandatory by
 Law

CITY OF NEW ORLEANS
 STATE OF LOUISIANA
 CERTIFICATE OF DEATH

CITY
 FILE NO. 58 04965

BIRTH NO.

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1a. Last Name of Deceased ATLAS, LOUIE	1b. First Name LOUIE	1c. Second Name	2a. Month Day Year DATE OF DEATH JULY 13, 1958	2b. Hour 7:30 P.M.
	3. Sex <input checked="" type="checkbox"/> Male or Female MALE	4. Color or Race NEGRO	5. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	6a. Name of Spouse or Wife	6b. Age
	7. Date of Birth of Deceased OCT. 29, 1894	8. Age of Deceased 63 Y 11 M 14 D	9a. Birthplace (City and State) LOUISIANA	9b. Nation of which Deceased was a Citizen	9c. State
	10a. Kind of Occupation (Type kind of work done during part of lifetime, even if retired)	10b. Kind of Industry or Business Farming	11. Was Deceased ever in U.S. Armed Forces? (If yes, give year or dates of service)	11a. Social Security No.	11b. Country of Birth
12a. City, Town, or Location NEW ORLEANS	12b. Parish ORLEANS	12c. Length of Stay in this Parish 4 months	13a. Name of Hospital or Institution (If not in hospital or institution give street address or location) CHARITY HOSPITAL OF LOUISIANA		
13b. Length of Stay in Hospital or Institution 36 days	14a. City or Town NEW ORLEANS		14b. Parish ORLEANS	14c. State LOUISIANA	
14d. Street Address (If rural give location) 1931 TUPELO ST.	15a. In Residence Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15b. In Residence on a Farm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16a. Name of Father KING ATLAS		16b. Birthplace of Father (City and State) LAKE PROVIDENCE ALABAMA		16c. Maiden Name of Mother ALABAMA	
16d. Name of Mother Mrs. Cora Thompson		16e. Birthplace of Mother (City and State)		16f. Date of Birth of Deceased 7-13-1894	
FORMANT'S CERTIFICATION I certify that the above stated information is true and correct to the best of my knowledge.					
CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c)					
19. Part I. Death Was Caused By: Immediate Cause (a) Uremia Due to (b) Pyelonephritis Pt. Ellipse Due to (c) Multiple decubitus ulcers Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Disease Condition Given in Part I (a)					
19b. Antepartum Care and Death					
DEATHS DUE TO EXTERNAL VIOLENCE					
19a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>					
19b. Describe How Injury Occurred (Enter nature of injury in Part I or Part II of item 17.)					
19c. Time of Hour Month, Day, Year Injury a.m. p.m.					
19d. Injury Occurred While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		19e. Place of Injury (a. g., in or about home, farm, factory, street office bldg., etc.)		19f. City, Town, or Location Parish State	
PHYSICIAN'S CERTIFICATION M. I certify that I attended the decedent and that death occurred on the date and hour stated above.					
19g. Date of Death 7/13/58		19h. Name and Location of Office of Practitioner St. J. Linder 201 11th St.		19i. Signature of Practitioner [Signature]	
FUNERAL DIRECTOR'S CERTIFICATION					
20a. Date of Burial 7-27-58		20b. Name and Location of Office of Practitioner St. J. Linder 201 11th St.		20c. Signature of Practitioner [Signature]	
BURIAL TRANSIT PERMIT					
21. Burial Transit Permit Number 49422		22. Parish ORLEANS		23. Date of Issue JUL 14 1958	