

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17786

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1008
City St. Louis, Mo. (No. 7128 Pennsylvania)

File No.....
Registered No. 4740
St. Ward)

2. FULL NAME

Lydia Watkins
(a) Residence, No. 7128 Pennsylvania St., 1 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Watkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1885</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>7</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home.</u>		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN) Lancaster,
(STATE OR COUNTRY) Wisc.

13. NAME Louis Vesperman

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

17. INFORMANT Chas Watkins
(ADDRESS) 7128 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
Valhalla Mausoleum PLACE DATE 5-16, 1932

19. UNDERTAKER Southon Bros
(ADDRESS) 63rd St Grand Blvd

20. FILED MAY 14 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12- 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to May 12, 1932.
I last saw him alive on May 12, 1932. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 4/1/32
Cerebral Embolus
Choroidocarditis
Fulminant of Unknown Origin 12/1/29
Other contributory causes of importance:
non-Haemorrhagic

Name of operation..... Date of.....
What test confirmed diagnosis? Cerebr. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....

(Signed) Carl F. Boh, M. D.
(Address) 615-16 2nd Street Bldg.

