

DEC 3 1936

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

Do not use this space.

42920

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 3801, Travis)

File No. ....  
Registered No. 11492  
St. .... Ward)

2. FULL NAME Charlotte M. Watkins

(a) Residence, No. 6443 Marmaduke Ave. St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22, 1919</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>7</u>
		DAYS
		<u>26</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	<u>Student</u>	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Karl Watkins

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Mabel Harris

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Karl Watkins  
(ADDRESS) 6443 Marmaduke Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park Date 11-20, 1936

19. UNDERTAKER Kriegshauser Mortuaries  
(ADDRESS) 4228 So. Kingshighway

20. FILED 1936  
J. J. Predeck  
Registrar.

*No Physician in Attendance*  
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 8:10 P.M.

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

Fractured Skull - received Date of onset

when she jumped from  
4th floor stairs of Hall  
below - about 50 ft

Other contributory causes of importance:

Suicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 11/17, 1936.

Where did injury occur? St. Louis Mo.

(Specify city or town, county, and State)

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

Home at time -

Manner of injury fall - all above

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Frank P. Feeling, M.D.

(Address) born

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.

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Coroner's Case