

DEC 13 1937

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

39620  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **10607**  
 (c) City **St. Louis** (d) Street No. **4312 Manchester Ave.** St. **Mo.**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles E. Watkins**

(a) Residence, No. **4312 Manchester Ave.** St. **Mo.** **18**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lola Watkins</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 28, 1874</b>			
7. AGE <b>63</b>	YEARS	MONTHS <b>3</b>	DAYS <b>17</b>
If LESS than 1 day, ..... hrs. or ..... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Trainman</b>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Mo. Pac.</b>		
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cape Girardeau Mo.</b>			
FATHER	13. NAME <b>James Albert Watkins</b>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
MOTHER	15. MAIDEN NAME <b>Nancy Abernathy</b>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
17. INFORMANT <b>Lola Watkins</b> (ADDRESS) <b>4312 Manchester Ave.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Sunset</b> DATE <b>11-17</b> , 19 <b>37</b>			
19. FUNERAL DIRECTOR <b>Kriegshauser Mortuaries</b> (ADDRESS) <b>4228 So. Kingshighway</b>			
20. FILED <b>NOV 16 1937</b> <b>J. Bredeck</b> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-14**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 15**, 19 **33**, to **Nov 14**, 19 **37**  
 I last saw him alive on **Nov 12**, 19 **37**. Death is said to have occurred on the date stated above, at **4:15 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Carcinoma of Rectum**  
**40 D**  
 Other contributory causes of importance:  
**Chr. myocarditis**

Name of operation **Colostomy** Date of **2-27-38**  
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **Yes**

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?  
 If so, specify.....  
 (Signed) **Royall W. Green** M. D.  
 (Address) **1755 So Grand**

(Licensed Embalmer's Statement on Reverse Side)

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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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**