

REC'D JAN 6 1938

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

44508
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 2136
 (c) City University City / (d) Street No. 6600 Washington Ave. St. _____
 years of 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. Christon How long in State of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James D. Watkins

(a) Residence, No. 6600 Washington Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/28/52

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Dent County Missouri

FATHER 13. NAME John A. Watkins

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

MOTHER 15. MAIDEN NAME Malinda H. Herod

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) Mary E. Craig
6600 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Dec 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home
7233 1167 Hamilton Avenue

20. FILED DEC 29 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/38

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14-38, 1938, to Dec. 28, 1938
 I last saw him alive on Dec. 27, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

mitral Regurgitation Date of onset ?
arterio sclerosis ?
Senility ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. R. Meyer M. D.
 (Address) 607 N. Grand St.

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.

X 12004

Dr. J. R. Rogers
University Park Rd
F.R. #300
11-2 hrs.

3 ~~hrs~~ — Bradford

— C. H. [unclear]

STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. 2901

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. 2901

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.)