

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2563

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1304 Armstrong Avenue ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1304 Armstrong Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1940 hour 11 55 minute _____ M.
21. I hereby certify that I attended the deceased from 13th March 1940
_____ 1940 to 13th March 1940
that I last saw him alive on 13th March 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration long
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(M. D. or other)
28. Signature W. J. Lester _____
Address 27 E. 7th St. Date signed _____

3. (a) PRINT FULL NAME James Watkins

3. (b) If veteran, name war None 3. (c) Social Security No. unk.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bettie Watkins 6. (c) Age of husband or wife if alive abt 45 years

7. Birth date of deceased March 11th 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Mount Pleasant Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business South West Bank

12. Name Parker Watkins

18. Birthplace Mt. Pleasant Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Canada

15. Birthplace Mt. Pleasant Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack McLean

(b) Address 1304 Armstrong Avenue

17. (a) Burial (b) Date thereof 3-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director John J. Lester

(b) Address 4107 Finney Avenue

19. (a) 18 1940 (b) _____
(Date received local registrar) (Date of death)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STATEMENT BY LICENSED EMBALMER

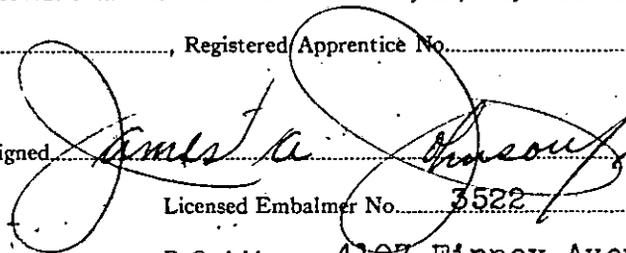
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

, Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.)

If this body is not embalmed, above space should be left blank.