

S. No. 2
1-4-13-40
v. 5-17-39
X23159

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23495

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5847

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 16 Days
(Specify whether years, months or days)

In this community 40 Yrs 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3705 Windsor Place
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME SAUL Solomon Watkins

3. (b) If veteran, name was SPANISH AMERICAN

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 7 minute 07 P.M.

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife ALICE WATKINS

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased FEB 29 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3, 1941 to July 15, 1941; that I last saw h. im alive on July 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 Days

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

Due to Benign hypertrophy of Prostate 2 Yrs

Due to Urethral Stricture 3 Yrs

9. Birthplace GRIMES CO. TEXAS
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation LABORER

11. Industry or business NONE

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name SAUL WATKINS

13. Birthplace GRIMES COUNTY TEXAS
(City, town, or county) (State or foreign country)

14. Maiden name DO NOT KNOW

15. Birthplace DO NOT KNOW x x 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Elmer E. Patten

(b) Address 2937 BANKLIN

(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? _____

17. (a) BURIAL (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Elmer E. Patten

(b) Address 3030 BELL AVE

23. Signature R. F. Fletcher (M. D. or other) 11

Address 2601 N. Whittier Date signed 7/15/41

19. (a) JUL 16 1941 (b) J. H. [Signature]
(Data received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

William C. McDowell..... Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No. 2114.....

P. O. Address.....

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, fact should be so stated above.