

FILED APR 17 1942

2951

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(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 4 days (Specify whether
In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL.") 17
(d) Street No. 2744 Lucas (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1942 hour 11 minute 50 P. M.
21. I hereby certify that I attended the deceased from March
23, 1942 to March 27, 1942
that I last saw him alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Ca. of Gall Bladder Duration Unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

23. Signature J. W. Johnson (M. D. or other)
Address 2601 Whittier Date signed 3/31/42

3. (a) PRINT FULL NAME Jeff Watkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race Colored 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1881 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years ABT 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace BATON ROUGE LA (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business Brake Factory 1900 CASS AVE

12. Name UNK

13. Birthplace UNK (City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace UNK (City, town, or county) (State or foreign country)

16. (a) Informant CIAENCE WATKINS

(b) Address 2742 LUCAS AVE

17. (a) BURIAL (b) Date thereof APRIL 2 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director H. B. BEAT UNDERHILL CO

(b) Address 2726 LUCAS AVE

19. (a) APR 2 1942 (Date received local Registrar) J. F. Bredbeck (Registrar's signature)

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

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MOTHER FATHER

P

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address. *2649th Delmar*

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.