S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8999

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2847

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 8224 Reilly 3
(If not in hospital or institution, write street number and location)

(d) Length of stay in hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 8224 Reilly
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

No Attending Physician

3. (a) PRINT FULL NAME John Watkins

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Watkins

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

7. Birth date of deceased Nov (Month) 1 (Day) 1874 (Year)

8. AGE: Years 68 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Watkins
(b) Address 8224 Reilly

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) MAR 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1943 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19..... that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Apoplexy

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 James J. Fitzmorris Coroner (M.D. or other)

Address 1500 Clark 3 Date signed 3-25-43

(Licensed Embalmer's Statement on Reverse Side)

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

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.