

#40549

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11897
State File No. 3949
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

06
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo-1day
(Specify whether
In this community 1 1/2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6526 Crest 91 N.P.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEONARD WATKINS

3. (b) If veteran, name war World War II 3. (c) Social Security No. 7

4. Sex male 5. Color White 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Oct. 25, 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sullivan

11. Industry or business Linin Laundry

12. Name Bert

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

14. Maiden name Julia Warkley

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

16. (a) Informant Mrs Anna Delviller

(b) Address 6526 Crest

17. (a) Burial (b) Date thereof 5-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus

18. (a) Signature of funeral director W. H. Mollen

(b) Address 5041 Sullivan

19. (a) MAY 3 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1945 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from 4/2/45
_____ 19. to 5/3/45 19. _____
that I last saw him alive on 5/3/45 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung with generalized metastases

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy as above

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. F. Bredeek (M. D. or other) _____
Address 1515 Lafayette 5/3/45 signed _____

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.