

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1945
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **35971**
Registrar's No. **10466**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 217
(d) Street No. 2918 Lucas
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME America Watkins
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30
year 1945 hour 11 minute 20 P M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Chas Watkins 6. (c) Age of husband or wife if alive dead
7. Birth date of deceased September 18th 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 2, 1945, to Nov. 30, 1945,
that I last saw her alive on Nov., 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease Duration Unk
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 56 Months 2 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Logan County Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework
11. Industry or business at home

MOTHER FATHER { 12. Name Charles Butler
13. Birthplace Logan County Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Taylor
15. Birthplace Logan County Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Watkins
(b) Address 2918 Lucas ave

17. (a) Burial (b) Date thereof 12/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 North Taylor ave

19. (a) DEC 3 1945 (Date received local registrar)
[Signature] (Registrar's signature)

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) (e) Means of injury _____

23. Signature C. [Signature] (M. D. or other) _____
Address 2601 N. Wheeler Date signed 12/3

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

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.....

Annie Roberts....., Registered Apprentice No. *387*

working under my personal supervision.

Signed *Fulton E. Culkin*.....

Licensed Embalmer No. *4198*.....

P. O. Address *412. Easton - St. Louis 1*

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.