

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35699

State File No. _____

FILED 21 1946
318

Registrar's No. 8691

Registration District No. _____ Primary Registration District No. 1003

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union

(c) City or town Cobden
(If outside city or town limits, write "RURAL") NR

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME OTIS WATKINS

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1946 hour 12 minute 15 p. M.

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 56 years

7. Birth date of deceased October 5 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 27 1946 to October 8 1946; that I last saw him alive on October 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism

8. AGE: Years Months Days If less than one day

63	0	3	hr. min.
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Due to Carcinoma of the stomach

Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) H/O

11. Industry or business _____

12. Name William Watkins

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

14. Maiden name Mary Roole

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

Major findings: Carcinoma of the stomach

Of operations _____

Of autopsy none performed

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

MOTHER FATHER

16. (a) Informant Robert J. Watkins

(b) Address Cobden, Ill.

17. (a) Removal (b) Date thereof 10-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cobden, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Bld.

19. (a) OCT 9 1946 J. F. Bredesch
(Date received local registrar) (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 J. F. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 10/8/46

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

OCT 24 1949

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 *J. Allen Davis*
Licensed Embalmer No. *4053*
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.