

FILED NOV 25 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9678

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:
4226: Fairfax Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME James Watkins

3. (b) If veteran, name war #1 3. (c) Social Security No. 499-01-8427

4. Sex Male 5. Color or race Negro 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 39 years

7. Birth date of deceased May 9th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 0 hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business --

12. Name Fred Watkins

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

14. Maiden name Molly Unknown

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

16. (a) Informant Mary Watkins

(b) Address 4226a Fairfax

17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) Nov 13 1946 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4226: Fairfax Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1946 hour 8:22 minute 05 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.....
Fractured Anus from Corke Arch.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:.....
Of operations.....
Of autopsy.....

Duration

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?

23. Signature Daniel E. Taylor Address 1300 Clark Avenue
(Specify type of place) (e) Means of injury
While at work?.....
Date signed.....

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

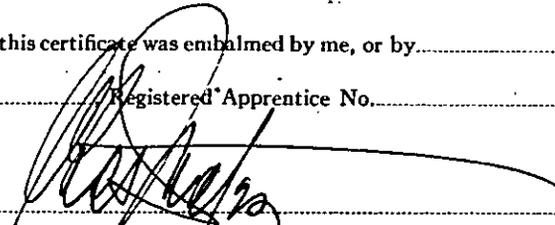
MOTHER FATHER

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.....

Chas. J. Gates ~~Thomas J. Gates~~ Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. ~~4050x~~ 1825

P. O. Address 4107 Finney Avenue

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.