No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3217

FILED FEB 9 1948

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 724

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

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 880

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4149a Cleveland Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 17

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. May E. Watkinson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Jesse J. Watkinson 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 23, 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 29 If less than one day — hr. — min.

9. Birthplace Pleasant Hill (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name Jacob A. Woodmancy
13. Birthplace Ithaca, (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hon
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Miss Ima Watkinson
(b) Address 4149a Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 24 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, year 1948 hour 8: minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-20-47 19..., to 1-22-48; that I last saw her alive on 1-22-48 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Terminal

Due to Fracture of R. Hip in Home

Due to Senile Generals

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 140 141 142 Of autopsy 148

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 880

(b) Date of occurrence 1-22-48

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall 1

23. Signature R K Goodrew (M. D. or other) 1-24-48

Address Beaumont Bldg Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. W. R. Bohne
4500 Olive Street
3-5 except Wednesday

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.