FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31516

Primary Registration District No. 1003

Registrar's No. 8217

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: 4915 Mardel Ave.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ovo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4915 Mardel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN M. WATKINS

3. (b) If veteran, name war No

3. (c) Social Security No. Yes

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta J. Watkins

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 5 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Polisher

11. Industry or business McQuay Norris Mfg. Co.

FATHER
12. Name William Watkins
13. Birthplace Wales (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Louisa Eylart
15. Birthplace Delaware City (City, town, or county) Md. (State or foreign country)

16. (a) Informant Mrta J. Watkins
(b) Address 4915 Mardel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) SEP 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 6 minute 08 P.M.

21. I hereby certify that I attended the deceased from May 1, 1944 to Sept 18, 1948, that I last saw him alive on Sept 18, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of the bladder (Urinary) with generalized metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy

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)
(b) Date of occurrence 1948
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 Robert F. Kelley (M. D. or other)
Address 620 Missouri Theatre Bldg. Date signed 9/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robt Hickey
Mo. Theatre Bldg.
12:00 Noon

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.