

FILED JUN 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21730**
 XC-1 209 019
 Reg.# 93913

 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2214**

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS MO		c. LENGTH OF STAY (In this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2259						
d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL			d. STREET ADDRESS (If rural, give location) 15 1620 CHESTNUT STREET								
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) R. c. (Last) WATKINS			4. DATE OF DEATH (Month) (Day) (Year) 5-11-51								
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-18-93	9. AGE (In years last birthday) 57	<table border="1" style="font-size: small;"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Mins.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 10 HRS.	Months	Days	Hours	Mins.
IF UNDER 1 YEAR	IF UNDER 10 HRS.										
Months	Days										
Hours	Mins.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME JAMES WATKINS		13b. MOTHER'S MAIDEN NAME MATTIE HAUSLEY		14. NAME OF HUSBAND OR WIFE -----							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 499-01-1584	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP RECORDS, JEFF. BRKS, MO.								

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebra does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRA VASCULAR ACCIDENT (HEMORRHAGE)		DUE TO (b) CA OF CECUM WITH METASTASES			
ANTECEDENT CAUSES		DUE TO (c) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		153X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **5-11**, 19**51**, to **5-14**, 19**51**, that I saw the deceased ~~XXXXXXX~~ and that death occurred at **11:40 PM** from the causes and on the date stated above.

23a. SIGNATURE P. Estill (Degree or title) 0 M.D.		23b. ADDRESS VA HOSPITAL, JEFF BKS MO	23c. DATE SIGNED 5-15-51
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/21/51	24c. NAME OF CEMETERY OR CREMATORY Nat'l. Jeff. Brks. Mo.	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-18-51	REGISTRAR'S SIGNATURE Herbert R. Tomke	FUNERAL DIRECTOR'S SIGNATURE Gates Fu. Home	ADDRESS 4107 Finney, St. Louis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

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.