

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39882**
Registrar's No. **10699**

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 5020 Tholozan Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Russell			b. (Middle) Mertz		
c. (Last) Watkins			Month (Month) (Day) (Year) Nov. 30 1951		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 11, 1924		9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Standard Generator		11. BIRTHPLACE (State or foreign country) St. Louis D	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME John M. Watkins		13b. MOTHER'S MAIDEN NAME Meta J. Mertz		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) No		16. SOCIAL SECURITY NO. 489-20-7026		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Meta J. Watkins 5020 Tholozan Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Brain Hemorrhage			2 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6 mths
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) Herdington's Chorea			
		DUE TO (c) Huntington's Chorea			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 255X		

22. I hereby certify that I attended the deceased from **8/27/51**, 19___, to **11/30/51**, 19___, that I last saw the deceased alive on **11/30/51**, 19___, and that death occurred at **4:45P** m., from the causes and on the date stated above.

23a. SIGNATURE W. G. Arney M.D.		23b. ADDRESS 161 Hampton Village		23c. DATE SIGNED 12/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE DEC 3 1951		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Offmeister Colonial Mortuary 646 Chippewa St., St. Louis, Mo.	

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

Dr. Arney
Hampton Village Plaza

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

Harvey Solomon

Licensed Embalmer No. 2679

P. O. Address 7814 J. Roadway

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.