

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No. 7200		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Ma dison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartford</u> <u>8/20</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>139 West Third</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Claude</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 19 1898</u>		
9. AGE (In years last birthday) <u>53</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 YEAR Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Godfrey, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur C. Watkins</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Martin</u>			14. NAME OF HUSBAND OR WIFE <u>Rosalee Pomplin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs A. C. Watkins Hartford, Ill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebro-vascular accident with intra cerebral hemorrhage</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. INTERVAL BETWEEN ONSET AND DEATH <u>38 days</u>								
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>				
22. I hereby certify that I attended the deceased from <u>7-24</u> , 19 <u>52</u> , to <u>7-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>52</u> , and that death occurred at <u>12-PM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>George E. Roubicek</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3720 Leachington Ave St Louis</u>		23c. DATE SIGNED <u>7-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Memorial Pk</u>		24d. LOCATION (City, town, or county) (State) <u>Ma dison County Ill.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 28 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Stropker</u>		ADDRESS <u>Alton, Ill.</u>		

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 Robert H. Streper

Licensed Embalmer No. 2474

P. O. Address Alton Ill.

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.