

No. 300
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7419**

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 444

1. PLACE OF DEATH a. COUNTY ST LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) KOCH (RURAL)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 147 days		d. STREET ADDRESS (If rural, give location) 5127 Ridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			

3. NAME OF DECEASED (Type or Print) Rose		a. (First)		b. (Middle)		c. (Last) WATKINS		4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1954							
5. SEX Female		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 6-19-05		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months 7		11. IF UNDER 24 HRS. Days 27		12. IF UNDER 1 MIN. Hours 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID				10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC				11. BIRTHPLACE (City and State or Foreign Country) Marvel, ARKANSAS				12. CITIZEN OF WHAT COUNTRY U.S.A			

13a. FATHER'S NAME ROBERT BEARD			13b. MOTHER'S MAIDEN NAME MATTIE EVANS			14. NAME OF HUSBAND OR WIFE CLEVE WATKINS (DECEASED)		
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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. unknown		17. INFORMANT'S SIGNATURE OR NAME Records at Robert Koch Hospital		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, 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)		(PULMONARY TUBERCULOSIS)						1 yr?	
ANTECEDENT CAUSES		DUE TO (b) DIABETES MELLITUS						?	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) SECONDARY ANEMIA						?	
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						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) 260X	
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?	

22. I hereby certify that I attended the deceased from 9-22-53, 1953, to 2-16-54, 1954, that I last saw the deceased alive on 2-16-54, 1954, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harold G. Russell</i> (Degree or title) M.D.		23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 2-17-54	
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24a. BURIAL OR CREMATION (Specify)		24b. DATE 2/22/54		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
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DATE REC'D BY LOCAL REG. 2-18-54		REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i> M.D.		25. FUNERAL DIRECTOR'S SIGNATURE <i>LeRoy Jones</i>		ADDRESS 1343 N. Garrison	
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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 Arthur L. Hilliard

Licensed Embalmer No. 4521

P. O. Address 4524 Aldine

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.