

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14230

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3805

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St Louis,			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Gardenville, 4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) MILDRED		b. (Middle) WATKINS	
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Nov. 22, 1909		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY General Office		11. BIRTHPLACE (City and State or Foreign Country) Dawn, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Arthur		13b. MOTHER'S MAIDEN NAME Luvicia Walker	
14. NAME OF HUSBAND OR WIFE Wilbur		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 Jacqueline Watkins, 8818 Gravois		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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis ANTECEDENT CAUSES DUE TO (b) Diabetic Coma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH 2 ds.		21. DATE OF OPERATION 1954		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		24a. ACCIDENT SUICIDE HOMICIDE (Specify)		24b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X		24d. TIME OF INJURY (Month) (Day) (Year) (Hour)		24e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24f. HOW DID INJURY OCCUR?		25. I hereby certify that I attended the deceased from Sept 14, 1953, to Apr. 25, 1954, that I last saw the deceased alive on Apr. 25, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
26a. SIGNATURE Cecilia Aguirre		26b. ADDRESS (Degree or title) 2770		26c. DATE SIGNED 4/26/54	
26d. BURIAL, CREMATION, REMOVAL (Specify) Removal		26e. DATE 4-26-54		26f. NAME OF CEMETERY OR CREMATORY Chillicothe, Mo.	
26g. LOCATION (City, town, or county) (State)		26h. DATE REC'D BY LOCAL REG. APR 27 1954		26i. REGISTRAR'S SIGNATURE J. Carl Smith	
26j. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.		26k. ADDRESS			

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*.....

Licensed Embalmer No. 35

P. O. Address

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**