

300
46

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

XC-7 631 580
Reg. 110 SL-110

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11587**

FILED MAR 22 1956 BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2104**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST CLAIR		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. Grand, St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 703 days	c. CITY OR TOWN EAST ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			e. STREET ADDRESS (If rural, give location) 904 BOND		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) M. c. (Last) WATKINS			4. DATE OF DEATH (Month) (Day) (Year) 2-24-56		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 7-20-20	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) LAWRENCE, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gene R. Watkins		13b. MOTHER'S MAIDEN NAME Lucille Tillman		14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 344149226	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.			
15. CAUSE WW-II					

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right cerebral atrophy marked following surgery for adenoma of pituitary gland				INTERVAL BETWEEN ONSET AND DEATH
	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. Acromegaly				

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)		22. I hereby certify that I attended the deceased from 3-23-54 , 19___, to 2-24-56 , 19___, and that death occurred at 2:10 p.m. , from the causes and on the date stated above.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		23a. SIGNATURE W. Westphalinger (Degree or title)	

23a. SIGNATURE W. Westphalinger (Degree or title)	23b. ADDRESS VA Hospital, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 2-24-56		
24a. BURIAL OR CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/29/56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Brks. Mo.	

DATE REC'D BY LOCAL REG. FEB 28 1956	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry ADDRESS 4202 Finney Ave.		
---	--	--	---	--	--

(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.....

Licensed Embalmer No. 4

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.