Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36363

FILED NOV 16 1956 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8921

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips Hosp. — Length of stay in 1b
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 218 125½ S. Compton Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Willie Middle Last Watkins
4. DATE OF DEATH Month 9 Day 25 Year 1956
5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-22-1913
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Supreme Cab Co.
11. BIRTHPLACE (City and state or country) Cairo, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Labon Watkins
14. MOTHER'S MAIDEN NAME Clara Silvers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-01-8207
17. INFORMANT Address Bessie Watkins - 125½ S. Compton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Pulmonary Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2. Pulmonary Tuberculosis
DUE TO (c) .002 x
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 12:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Tuvin Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 9/26/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 29 Sep 1956
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
23d. LOCATION (City, town, or county) St. Louis County, (State) Mo.
24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.
25. DATE RECD. BY LOCAL REG. SEP 28 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith, MD

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...John K. Cunningham

Licensed Embalmer No...4476

P. O. Address 4700 Hammett

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