

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007944
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2079**

1. PLACE OF DEATH a. COUNTY St. Louis Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A Homer G. Phillip				Length of stay in 1b		STREET ADDRESS (If outside, give location) 2017 ADDRESS 1721 A Glassgow	
3. NAME OF DECEASED (Type or print) First George Middle Watkins Last Watkins				4. DATE OF DEATH Month Feb Day 18 Year 1958			
5. SEX Male		6. COLOR OR RACE col		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH 20 Oct., 1897	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		100. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and state or country) Hopkinville Ky	
10a. LABORER		10b. LABOR		11. HOPKINVILLE KY		12. CITIZEN OF WHAT COUNTRY? U. S/A.	
13. FATHER'S NAME John Watkins				14. MOTHER'S MAIDEN NAME Helen Turner			
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. No		17. INFORMANT Address Mrs. Ruth Morton 3003 Montgomery			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seizure DUE TO (b) Generalized Arterio Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 450.0							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 1:30 Month Feb Day 18 Year 1958 a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis		STATE Mo			
21. I attended the deceased from 7:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Earl Smith</i>				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 2/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/21/58		23c. NAME OF CEMETERY OR CREMATORY Greenwoods Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo	
24. FUNERAL DIRECTOR Herman J. Smith		ADDRESS 4247/w Labadie		25. DATE RECD. BY LOCAL REG. FEB 21 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>m. J. B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *W. Claude Garber*.....

Licensed Embalmer No. *24*.....

P. O. Address *45756*.....

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.