

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

30720
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No. 1008
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8157

2. PRINT FULL NAME

Mary Watkins
(a) Residence, No. # 5 Portland Place St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31/1888.

7. AGE, YEARS MONTHS DAYS 30 49 8 10
If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. cook
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Soulyer County 0
(STATE OR COUNTRY) Mo Missouri 0

FATHER 13. NAME John Walker 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Nancy Foglass 0

16. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) Missouri 0

17. INFORMANT Hosp. Info. Agent
(ADDRESS) Hrs. Edna White
Tulsa, Oklahoma.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles, Cal. DATE Sept. 15/ 1938

19. FUNERAL DIRECTOR Albert H. Hoppe, Inc.
(ADDRESS) 429 N. Euclid Ave.

20. FILED SEP 15 1938 J. B. Bickel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/38 19

22. I HEREBY CERTIFY, That I attended deceased from 9/9/38 19, 9/11/38 19,
her 9/11/38 19, I last saw her alive on, 19, Death is said

to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Cardiac Hypertrophy
Arteriosclerosis
Date of onset 9-9-38
Other contributory causes of importance: Obesity

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Townsend M. D.
(Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
herèby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. 1122

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.)