

MAR 29 1939 REC'D APR 7 1939

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

12408
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 2 Registered No. 573
 (c) City St. Louis (d) Street No. Station Hospital, Jefferson Barracks, Mo. 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.

2. PRINT FULL NAME Wilfred LeRoy Watkins

(a) Residence, No. 926 St. Alton, Illinois.
 (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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>19</u>	<u>2</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Enrollee

9. Industry or business in which work was done, as saw mill, bank, etc. U. S. CCC

10. Date deceased last worked at this occupation (month and year) March 3, 1939 11. Total time (years) spent in this occupation. 1-1/12

12. BIRTHPLACE (CITY OR TOWN) Alton, 1
 (STATE OR COUNTRY) Illinois. 7

FATHER

13. NAME William Watkins, 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Individual records,
 (ADDRESS) CCC office, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Alton, Ill. DATE March 29, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILE NO. MAR 29 1939 A. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 28, 1939

I last saw him alive on March 28, 1939. Death is said

to have occurred on the date stated above, at 11:55A.

The principal cause of death and related causes of importance were as follows:

Tonsillitis, acute, streptococcic, bilateral, severe.
2. Septicemia, generalized, due to hemolytic streptococcus. 3/25/39

Other contributory causes of importance: 715K

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? NO
 If so, specify _____

(Signed) E. L. Gann M. D.
E. L. GANN, 1st Lt. MC.
 (Address) Station Hospital, Jeff. Bks, Mo.

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.

RECORDING INFORMATION THIS IS A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Geo. W. Hoffmeister

Licensed Embalmer No. 2426

P. O. Address 7814 S. Broadway, St. Louis

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 this body is not embalmed, above space should be left blank.