DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27875

Registration District No. 791 Primary Registration District No. Registrar's No. 7375

1. PLACE OF DEATH: 1003
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 2305 Wash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mosella Watkins 325
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race colored
6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife Ben Watkins
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan. (Month) 30, (Day) 1900 (Year)

8. AGE: Years 39 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Lem Thornton
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Terrell
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant's own signature K. J. Terrell
(b) Address 2620 N. Cass ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. F. Buddie Walton
(b) Address 2707 Stoddard St
19. (a) AUG 27 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1939 hour 8:55 minute P. M.
21. I hereby certify that I attended the deceased from August 1, '39, 19, to August 21, 1939
that I last saw her alive on August 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure & Lentic aortitis

Due to Hypertension & dilatation of heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lentic aortitis, pulmonary congestion

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Ralston S. Mitchell M. D. (M. D. or other)
Address 1536 Papin St. Date signed 8/22/39

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed. William C. McDowell

Licensed Embalmer No. 2114

P. O. Address. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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