

FILED MAR 79 1940

Registration District No. _____ Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Arthur P. Watkins

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Watkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16, 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 2 If less than one day
hr. _____ min.

9. Birthplace Brady's Ben, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired City, Marshall va

11. Industry or business _____

MOTHER { 12. Name James Watkins

13. Birthplace Wales England
(City, town, or county) (State or foreign country)

14. Maiden name Ann Jones

15. Birthplace Wales England
(City, town, or county) (State or foreign country)

16. (a) Informant Carl B. Watkins (b) Address 7712 Devonshire, St. Louis, Mo.

17. (a) Cremation (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Joseph & Carney
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) FEB 19 1940 (b) J. B. [Signature]
(Date received by registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7712 Devonshire Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1940 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 8
1940 to Feb 18 1940
that I last saw him alive on Feb 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to 5
Due to _____

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months before death)

Major findings: none
Of operation: none
Of autopsy: no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?

23. Signature Joseph & Carney (M.D. or other) 1525 Prince Bldg
Address _____ Date signed 2-19-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Edwin H. Leisinger

Licensed Embalmer No. *4029*

P. O. Address

6464 Chippewa

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.