

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martha Jean Watkins

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex ♀ 5. Color or race wh 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 18 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 18 If less than one day _____
hr. _____ min. _____

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Denzel Watkins
13. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Kreeber
15. Birthplace Arlstadt Mo
(City, town, or county) (State or foreign country)

16. (a) Informant D. Dunning

(b) Address 500 S. Kingshighway

17. (a) Burial (b) Date thereof 9-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxide Mo

18. (a) Signature of funeral director Haman Funeral Home
(b) Address Cape Girardeau Mo

19. (a) SEP 12 1940 (b) J. P. Blatter
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3554 California
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 40 hour 1 minute 15 P.

21. I hereby certify that I attended the deceased from 9-3-40 to 9-9-40, 1940.
that I last saw her alive on 9-9-40, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death: Purulent bronchitis 6 weeks
Multiple lung abscesses 6 weeks
(Staphylococci) 8 weeks
Due to Malnutrition

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: Jobc
Of autopsy: as above

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? _____

While at work? _____ (Specify type of place) Means of injury 1

23. Signature J. P. Blatter (M. D. or other) _____
Address 500 S. Kingshighway signed 9-9-40

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

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

7644

7644

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

John Ketter

Licensed Embalmer No. 3880

P. O. Address Phenix, N.

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.