

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26874

State File No.

6666

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4224 Sarpy
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13,
year 1941 hour 12:36 minute P. M.
21. I hereby certify that I attended the deceased from August
7, 19 41 to August 13, 19 41
that I last saw h. im alive on August 13, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Imperforate Anus. ✓
Due to Imperforate Anus.
Due to Imperforate Anus.
Other conditions (include pregnancy within 3 months of death)
Major findings: Imperforate Anus.
Of operations: Imperforate Anus.
Of autopsy: Imperforate Anus.

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature L. U. Mulligan (M. D. or other) D
Address 1515 Lafayette Avenue, Date signed 8/13/41

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

3. (a) PRINT FULL NAME Baby Watkins
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 7, 1941
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
6 hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name Albert Watkins
13. Birthplace St. Louis (State or foreign country)
14. Maiden name Lois Cullifer
15. Birthplace Texas (City, town, or county) (State or foreign country)
16. (a) Informant Albert Watkins
(b) Address 4224 Sarpy
17. (a) Burial (b) Date thereof 10/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. AUG 15 1941 (Date received by Registrar) (b) J. F. Predick (Registrar's signature)

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.

Not embalmed

Signed..... *Henry Eynck*
Licensed Embalmer No..... *1284*
P. O. Address..... *St. Louis Mo*

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, fact should be so stated above.