

FILED SEP 8 1941

State File No. \_\_\_\_\_

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1731

1. PLACE OF DEATH:

(a) County: Saint Louis

(b) City or town: Village of Ladue  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1601 So. Warson, Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community: Twenty Five years.  
years, months or days

8. (a) PRINT FULL NAME: Rachel Hall Watkins

8. (b) If veteran, name war: World War Nurse Barnes Hosp. Unit

8. (c) Social Security No.: None

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single (1)

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: August 1 - 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace: Nashville, Tenn. /  
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: William E. Watkins

13. Birthplace: Nashville, Tenn. /  
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Griffin

15. Birthplace: Newrn Island / England  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W.H. Moulton.

(b) Address: 26 Brentmoor Place

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: Aug 19 - 41  
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Mausoleum

18. (a) Signature of funeral director: G.R. Lupton & Sons

(b) Address: 7233 Delmar Blvd.

19. (a) AUG 18 1941 (Date received local registrar)

E. G. McFarland MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ST. Louis 96

(c) City or town: Village of Ladue  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1601 South Warson Road.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th  
year 1941 hour 1 minute Am. M.

21. I hereby certify that I attended the deceased from June 18, 1941, to Aug 17, 1941; that I last saw her alive on Aug 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Bowel

Due to: \_\_\_\_\_

Due to: 4th

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

Major findings: Cancer of bowel (cecum) secondary in liver

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)

Means of injury: \_\_\_\_\_

23. Signature: Joseph W. Larimore (M. D. or other)

Address: 2720 Washington Date signed: Aug 18 1941

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

9606

~~1818~~

Dr. Joseph W. [unclear] Baltimore  
3720 Washington  
Jefferson 1318  
2-4 p.m. (2:30)

OCT 3 1941

OCT 3 0 1941

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of St. Louis } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 1731

On this ..... day of ....., 194....., before me appears .....

....., who, upon ..... oath, states that the original record of <sup>birth</sup> death  
for Rachel Hall Watkins ~~born~~ <sup>died</sup> August 17, 1941., in the State of  
Missouri, and which was filed at Clayton on 8-18-41, 19....., should be corrected as follows:

Item No. 3(b) should read World War Nurse-Barnes Hosp. Unit

Instead of None

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. H. H. Moulton (Sister)  
Relationship.

26 Brentwood  
Present Address.

Subscribed and sworn to before me this 6<sup>th</sup> day of November, 1941

My Commission expires 4/3/44 J. J. Lupton Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 18 1941

NOV 8 1941

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