S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12940

State File No.

318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4012

1. 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: St Louis Childrens Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/27/43 to 4/28/43 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County St. Louis 000 13
(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")
(d) Street No. 1441 Madison St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Richard Watkins Jr.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.

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 June 13 1937 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
5	10	16	hr. min.

9. Birthplace St. Louis, Missouri. O (City, town, or county) (State or foreign country)
10. Usual occupation Child.
11. Industry or business
FATHER
12. Name Everett Watkins.
13. Birthplace Missouri. O (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Iola Seabaugh
15. Birthplace Missouri. O (City, town, or county) (State or foreign country)
16. (a) Informant Everett Watkins.
(b) Address 1441 Madison St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1943 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from 4-27-43, 19..., to 4-28, 19 43; that I last saw him alive on 4-28-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	1 wk
Due to Acute Rheumatic fever	2 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Not done.

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 O

23. Signature L. P. Barnett (M. D. ~~or other~~)
Address St. Louis Childrens Hospital Date signed 4/29/43

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis ave

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.