19138

V. S. No. 2
00M—2-43
5-17
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1289

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 6, 1943 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Lawn Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Walter R. Watkins

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Yes - not remembered

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 (Month) 27 (Day) 1896 (Year)

8. AGE: Years 46 Months 11 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Chicago, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business -

FATHER
12. Name Oliver Watkins
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Whaley
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2-43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director C. Hoffmeister U. L. Co.
(b) Address 7814 S. Broadway

19. (a) JUN 2 1943 (Date received local registrar) (b) C. G. McGarry Mfg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th, year 1943 hour 6:18 minute A. M.

21. I hereby certify that I attended the deceased from April 6, 1943 to May 30, 1943; that I last saw him alive on May 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and insufficiency. — Duration: Unknown

Due to -

Other conditions Arteriosclerosis, general, including cerebral arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations with psychosis. Dur.-Unknown

No operation.

Of autopsy No autopsy. 93d

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) 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? (Specify type of place)

While at work? [signature] Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 5/31/43

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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, fact should be so stated above.