

FILED MAY 29 1944

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1154

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. 5/16/44
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT STOVALL, Joe. (Army name)
FULL NAME WATKINS, David (Correct Name)

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 491-16-7869

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June 20, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>28</u>	hr. min.

9. Birthplace Pittsburg Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER
12. Name Willie Watkins
13. Birthplace Palestine, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Stovall
15. Birthplace Mariana, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks Mo

18. (a) Signature of funeral director J.H. Randle & Son

(b) Address 2132 Bell Avenue

19. (a) MAY 23 1944 (b) E.G. Mc Gowan, MD
(Date received local registrar) (Registrar's signature)

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. 4418 Aldine Street,
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th,
year 1944 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 19 44 to May 16, 19 44
that I last saw him alive on May 16, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction - intestinal. Duration Unknown
Due to
mesenteric hernia and post-operative adhesions. Unknown
Due to -

Other conditions None. 1944
(Include pregnancy within 3 months of death)

Major findings:
Of operations None, at this facility.
Date and place unknown.
Of autopsy Autopsy performed.
See cause of death.

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 at home Means of injury -

23. Signature L.M. COCHRAN, LT. COL. M.C. (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 5/16/44

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

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.....
.....
Licensed Embalmer No. 2698
P. O. Address. 2769 Chartered

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.