

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11783
State File No.
2934
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 47 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mack Watkins
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep.
6. (b) Name of husband or wife Maggie Watkins 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Mar-20-1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 2 hr. min.

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

10. Usual occupation Sec + Coal

11. Industry or business Self

12. Name Charles Watkins

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

14. Maiden name Unknown

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Watkins

(b) Address 3332 Franklin Ave

17. (a) Shipping (b) Date thereof 3-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownsville Tenn.

18. (a) Signature of funeral director Atkins Bros

(b) Address 8644 Family Ave

19. (a) MAR 28 1946 (b) J. F. Braddock
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1721
(If outside city or town limits, write "RURAL")
(d) Street No. 2801 Delmar
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22
year 1946 hour 6 minute 35 P M.
21. I hereby certify that I attended the deceased from 2-5-46 19. to 3-22 19. 46
that I last saw him alive on 3-22 19. 46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung
Duration Unk

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy No
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 E. B. Williams (M. D. or other) _____
Address 2609 N. White Date signed _____

10695
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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Family 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.