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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11670

Registrar's No. 3608

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: 2301a Franklin Avenue

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 46 Years

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. 2301a Franklin Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida Watkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Watkins

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 15, (Day) 1873 (Year)

8. AGE: Years 73 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER

12. Name Jim Jordan

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

MOTHER

14. Maiden name Hannah ?

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

16. (a) Informant Mr. Dupree Maclin

(b) Address 1242 Agee Court,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 5 47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director E. B. Kooue

(b) Address 1221 North Grand Blvd.

19. (a) APR 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 29, 1947 to March 30, 1947 that I last saw her alive on March 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart disease	
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Gastric Ulcer ∇ Malnutrition	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. A. Clayes (M. D. or other) M.D.

Address 1105 N. Sarah Date signed 4-3-47

(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

Leroy U. Bannister, Registered Apprentice No. 405

working under my personal supervision.

Signed James R. Johnson

Licensed Embalmer No. 35212

P. O. Address 3506 Franklin

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.