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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 21 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

29638

State File No. \_\_\_\_\_  
Registrar's No. 7735

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST Louis Maternity Hospital  
(If not in hospital or institution, write street/number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARGARET ANN WATKINS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced no  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years  
7. Birth date of deceased APRIL 11 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 29 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Paul Watkins  
13. Birthplace Carterville, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET GOGGARY  
15. Birthplace Chifford Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Watkins  
(b) Address Carterville, Ill

17. (a) Burial (b) Date thereof Aug 12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, cemetery

18. (a) Signature of funeral director Yiggen Funeral Home

(b) Address Carterville, Ill

19. (a) AUG 14 1947 (b) J. F. Prudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County 999  
(c) City or town Carterville 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. NR none 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 10  
year 1947 hour 3 minutes 20 P. M.  
21. I hereby certify that I attended the deceased from 7-23 1947, to 8-10 1947;  
that I last saw her alive on 8-10 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure Duration \_\_\_\_\_  
Due to Birth injury to brain + spinal cord  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1/20

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (f) Means of injury 0

23. Signature M. D. King (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

0  
7  
9

7735

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**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..... *Ronald Yahnke*.....  
Licensed Embalmer No..... *3917*.....  
P. O. Address..... *St. Louis Mo.*.....

**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.**