

No. 300  
-10-47  
-17-39  
-I 3905

FILED OCT 1 1948  
Registration District No. **018**

Primary Registration District No. **1003**

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

**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 or location)

(d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3: (a) PRINT FULL NAME** Emogene Watkins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col

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 10 / 1 / 23  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>24</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

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

12. Name Macullus Watkins

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

14. Maiden name Lucille Sullers

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

16. (a) Informant Lucille Watkins

(b) Address 4147 Fairfax Ave.

17. (a) burial (b) Date thereof 9-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Wade Granberry

(b) Address 4202 Finney

19. (a) SEP 22 1948 (b) J. J. Brennan  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4147 Finney  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 18  
year 1948 hour 9 minute P M.

21. I hereby certify that I attended the deceased from August 26, 1948, to Sept. 18, 1948;  
that I last saw her alive on Sept. 18, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis with Uremia

Duration Undet.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Schizophrenia reaction  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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

Signature Herbert J. Green (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 9/21/48

**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.....

*Melvin E. Green*

Licensed Embalmer No.....

*4428*

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.**