

FILED AUG 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28840

318

1003

7251

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0079</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>				7. STREET ADDRESS (If rural, give location) <u>5924 Lucille Ave.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Isbby</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>AGNES Watkins</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12 1951</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Jan. 21 1877</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Halpin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O'Rourke</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Watkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jean Watkins, 5924 Lucille Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus with metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
19a. DATE OF OPERATION <u>1951</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT OR HOMICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? <u>174X</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>April 14 1951</u> , to <u>Aug 12 1951</u> , that I last saw the deceased alive on <u>Aug 12 1951</u> , and that death occurred at <u>10:02 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ganes of Meapler on it</u>		(Degree or title) _____		23b. ADDRESS <u>45 Central Clayton, Mo.</u>		23c. DATE SIGNED <u>8-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REGISTRY <u>AUG 14 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M L 9</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD CORR. BY AFF.

Dr. J. R. Meador,
4 Central Ave.

(2 to 6)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28840
Local Registrar's No. 7251

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____, who, upon _____ oath, states that the original record of birth death

for Elizabeth Agnes Watkins died 8-12-1951, 19____, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Elizabeth Agnes Watkins

Instead of _____ Libby Watkins

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert M. Beauford Esq Relationship. J.D.
1905 Union Present Address.

Subscribed and sworn to before me this 28 day of Aug, 1951

My Commission expires 3-4-53 _____ Notary Public. Wm C. Dalton

Affidavits containing erasures will not be accepted; draw one line through error and write above it.