

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30161

State File No.

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7490**

1. PLACE OF DEATH
a. COUNTY **1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **2219**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
ST. LOUIS

c. CITY (If outside corporate limits, write RURAL and give township)
ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION
719 N 21st ST

d. STREET ADDRESS (If rural, give location)
21 719 N. 21st ST.

3. NAME OF DECEASED
a. (First) **ROBERT** b. (Middle) **WATKINS** c. (Last)

4. DATE OF DEATH
(Month) (Day) (Year)
7-28-52

5. SEX **MALE** 6. COLOR OR RACE **COLORED**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
1-1-04 48yrs

9. AGE (In years last birthday) 10. IF UNDER 100 IF UNDER 18 RES. Months | Days | Hours | Min. | Sec. | Day

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Russelville Ky

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
ROBERT WATKINS

13b. MOTHER'S MAIDEN NAME
JANNIE ?

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW. I.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Jannie Hart 719 21st

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, asphyxia, etc. It means the disease, injury, or complication which caused death.**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cirrhosis of Liver;**
Coronary Sclerosis.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7A** m., from the causes and on the date stated above.

23a. SIGNATURE
Cathel E Taylor (Degree or title)

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
7.30.52

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
8-6-52

24c. NAME OF CEMETERY OR CREMATORY
ONE DAIR

24d. LOCATION (City, town, or county) (State)
LEMAZ MO

DATE REC'D BY LOCAL REG.
AUG 6 1952

REGISTRAR'S SIGNATURE
Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
A.F. WALTON 2707 STODDARD ST

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.