

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8053

State File No.

FILED MAR 11 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1024**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 21 3013 B. Dickson St.		
3. NAME OF DECEASED a. (First) JAMES b. (Middle) c. (Last) WATKINS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1953	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 8, 1896	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR 6	IF UNDER 1 YEAR 17	IF UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific		11. BIRTHPLACE (State or foreign country) Memphis, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE LILLIAN WATKINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LILLIAN WATKINS 3013 Dickson St.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture dislocation of 1st Cervical vertebra with cord injury suffered when struck by truck with auto driver by drunk driver, near intersection of Harrison and Delmar about 9:27 pm Jan.</i> DUE TO (b) <i>drunk driver, near intersection of Harrison and Delmar about 9:27 pm Jan.</i> DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 24, 1953 000 Homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 24 55 9:27 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F8124
22. I hereby certify that I attended the deceased from 19 <i>19</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9:27</i> m., from the causes and on the date stated above. <i>25</i>				
23a. SIGNATURE (Print name or title) <i>Joseph Inducta</i>			23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/27/53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-30-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. JAN 28 1953		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 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 Fulton E. Calkins

Licensed Embalmer No. 498

P. O. Address 137

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.