

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25824**

FILED JUL 22 1957

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>24hrs.</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>414 No. 5th. St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>H.</u> c. (Last) <u>Watkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 13, 1910</u>	
9. AGE (In years last birthday) <u>47</u>		10. UNDER 1 YEAR Months <u>2</u>		11. UNDER 24 HRS. Days <u>27</u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>UNITED PRESS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Louis G. Watkins</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Messmann</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Leverenz 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. <u>497-09-2622</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Watkins St. Charles</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>Diabetes mellitus</u> ANTECEDENT CAUSES <u>Chronic Pancreatitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating 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. <u>Bronchopneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>Unknown</u> <u>2 days</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1956</u> , to <u>July 12, 1957</u> , that I last saw the deceased alive on <u>July 13, 1957</u> , and that death occurred at <u>7:45 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. Randall, M.D.</u>				23b. ADDRESS <u>207 N. 5th St. St. Charles, Mo.</u>		23c. DATE SIGNED <u>July 13 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 17-57</u>		REGISTRAR'S SIGNATURE <u>Marceline Wilson</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter C. Bone St. Charles Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1957

SEP 12 1954

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.....
Signature of Student Embalmer

Signed.....
Arthur C. Paine

Licensed Embalmer No. 315

P. O. Address *H. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.