

DEC 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44455

Do not use this space.

Registered No. 2084

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784  
 (b) Township Jennings Primary Registration District No. 20  
 (c) City St. Louis (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Watkins

(a) Residence, No. 8838 Blewett St.  Jennings  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vilma Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jackson   
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Patrick Watkins  
 14. BIRTHPLACE (CITY OR TOWN) Cape Co. Mo.  
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Elizabeth Hobbs  
 16. BIRTHPLACE (CITY OR TOWN) Cape Co.  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Vilma Watkins  
 (ADDRESS) 8838 Blewett  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Jackson Mo. DATE Dec. 21 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.  
 (ADDRESS) 4700 Washington Blvd.

20. FILED DEC 21 1938  
R. C. Melair  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1938, to 12-18, 1938

I last saw him alive on 12-18, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Hypostatic Bronchopneumonia Date of onset 12-16-38  
Cerebral

Other contributory causes of importance:  
lung abscess (Rt apex) Dec 38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. C. Melair, M. D.  
 (Address) 6203 Natural Bridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington!*

**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, above space should be left blank.**