

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **18385**

Township.....

Primary Registration District No. **1008**

Registered No. **4858**

City **St. Louis** (No. **City**)

St. **1773** Ward)

2. FULL NAME

(a) Residence, No. **5863** (Usual place of abode) **Robert** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs. **2** mos. **27** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Debra Watts**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 15 1883**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Interior decorator**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Jeremiah Watts**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Gustas Taylor**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Wife by M. D. [unclear] City Wash.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 15, 1951**

19. UNDERTAKER (ADDRESS) **3434 U. S. 70 St.**

20. FILED **1841003** **J. Herbert** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/12 1951**

22. I HEREBY CERTIFY, That I attended deceased from **4/30** 19**51**, to **5/12** 19**51**

I last saw him alive on **5/12** 19**51** Death is said

to have occurred on the date stated above, at **12:10 PM**

The principal cause of death and related causes of importance were as follows:

Hypertrophy Prostate
Bilateral Hydronephrosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **Yes**

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 of injury in any way related to occupation of deceased? No, specify (Signed) **[Signature]** M. D. (Address) **City Wash #1**

JUN 19 1951

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