

REC'D. JUN 9 1938

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

791
1003

16412
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **4273**
(c) City **St. Louis** (d) Street No. **3310 Arsenal St.** St.
(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. da.

2. PRINT FULL NAME

Albert Watson
(a) Residence, No. **3310 Arsenal St.** St. **16**
(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 **Florence Watson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13 1861**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
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) (STATE OR COUNTRY) **Indiana**

FATHER 13. NAME **David Watson**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

MOTHER 15. MAIDEN NAME **Jemima Neaville**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT **Florence Watson**
(ADDRESS) **3310 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL
PLAC **Madison Ind.** DATE **May 11 1938**

19. FUNERAL DIRECTOR **Thornton**
(ADDRESS) **2906 Gravois Ave.**

20. FILED **MAY - 9 1938**
J. B. Bredsch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9 1938**

22. I HEREBY CERTIFY, That I attended deceased from **3-1-38** to **5-9-38**, 19**38**

I last saw him alive on **5-8-38**, 19**38** Death is said

to have occurred on the date stated above, at **10: A. m.**

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

*Myocardial failure
Chf coronary disease
Atrial fibrillation*

Date of onset **5-1-38**

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 *Chf. Coronary Disease* M. D.

(Signed) *Alvin Abel* (Address) *Lister Bldg*

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, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS KUTIS

1619
L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Thos Kutis

Licensed Embalmer No. 1619

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.)