

NOV 16 1938

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

34449
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003** Registered No. **9435**
(c) City **St. Louis** (d) Street No. **Lutheran Hospital** 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 **Jas. L. Watt**

(a) Residence, No. **1000 South 2nd** St. **De Soto, Mo.**
(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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Rebecca McMullan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 11, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. on min.
82 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired 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) **Illinois**

FATHER 13. NAME **John C. Watt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Margaret E. McManus**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **Burton Watt**
(ADDRESS) **De Soto - Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mount Olive - De Soto, Mo.** DATE **Nov. - 1 - 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Mothershead De Soto, Mo.**

20. FILED **OCT 31 1938** **J. J. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 29, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **October 28, 1938, to October 29, 1938**
I last saw him alive on **October 28, 1938**. Death is said to have occurred on the date stated above, at **8:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Date of onset **Oct 27, 1938**

Other contributory causes of importance: **Carcinoma of descending colon about 10 cm. below sigmoid**

Name of operation **exploratory + colostomy** Date of **10/28-29-38**
What test confirmed diagnosis? **operation** 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 or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **W. J. Schlueter**, M. D.
(Address) **508 N. Grand Blvd. St. Louis, Missouri**

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.

9435

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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.....

Lee Molhusken

Licensed Embalmer No. *3531*

P. O. Address

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.