

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. 360

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homeru G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 days  
 In this community Unknown 23 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward Watt 3050  
 8. (b) If veteran, no name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race Caucasian  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Idella (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased DONT KNOW 1870  
 (Month) (Day) (Year)

8. AGE: Years 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 1 min. \_\_\_\_\_

9. Birthplace Starkville Miss  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
 12. Name Edward Watt Sr  
 13. Birthplace Starkville Miss  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Not Known  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Idella Watt  
 (b) Address 3427 Hickory

17. (a) Edith Dickerson (b) Date thereof 1-13-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Edith Dickerson

18. (a) Signature of funeral director J. J. Watson  
 (b) Address 2769 Chouteau

19. (a) JAN 13 1940 (b) J. F. Brubaker  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 18  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3427 Hickory St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
 year 1940 hour 4:15 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from December 25  
 \_\_\_\_\_, 1939, to January 10, 1940;  
 that I last saw him alive on January 10, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive Heart Disease  
Cerebral Accident

Duration  
8-10 yrs  
17 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death) None

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
 Address 2601 N Whitler Date signed \_\_\_\_\_

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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. *2498*

P. O. Address: *2769tho street*

**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.**