

Registration District No. **791**

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

Registrar's No. **3923**

**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: HOMER G Phillips  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 22 days  
(Specify whether years, months or days)  
 In this community 10 years

8. (a) PRINT FULL NAME HUGH WATSON **325**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Canary Watson 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased 4 28 1898  
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Partner

11. Industry or business \_\_\_\_\_

12. Name ambrose **9**

13. Birthplace ambrose  
(City, town, or county) (State or foreign country)

14. Maiden name ambrose

15. Birthplace ambrose  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Canary Watson

(b) Address 1412 N 21st

17. (a) Burial (b) Date thereof 5-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leewood Ave

18. (a) Signature of funeral director Ellis J. ...

(b) Address 2829 St. ...

19. (a) MAY 1 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis **21**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2339 a Wash  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 28  
 year 1940 hour 4:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from April 6, 1940 to April 28, 1940;  
 that I last saw him alive on April 28, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & Hypertension **Abt lyr**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy Chronic Nephritis

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) (e) Means of injury

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 L. Boykin

Registered Apprentice No. None

working under my personal supervision.

Signed

L. Boykin  
Licensed Embalmer No. 294

P. O. Address St. Louis Mo

**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.**