

FILED JUN 13 1940

No. 2  
1-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16703**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4181**

**I. 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 2 days  
(Specify whether  
 In this community 4 years  
years, months or days)

3. (a) PRINT FULL NAME BESSIE WATSON **725**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex <u>Female</u>	5. Color or race <u>Col</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
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6. (b) Name of husband or wife Robert Watson 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 6th, 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>6</u>	<u>2</u>	hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Hill Hart

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

14. Maiden name Unknown

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

16. (a) Informant Robert Watson

(b) Address 1406a rear Blair Av.

17. (a) Burial (b) Date thereof May 10  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glendora, Miss.

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Wash-Street

19. (a) MAY 10 1940 (b) J. J. Bradick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....  
 (c) City or town St Louis **25**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1406 a R Blair  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?..... years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 8  
 year 1940 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from.....  
May 6, 1940, to May 8, 1940;

that I last saw her alive on May 8, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic Nephritis c Hypertension **10-15yrs**

Due to.....

Due to.....

Other conditions Uremia **2 wks**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

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?  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature H. J. Lymann (M. D. or other)  
 Address 2600 N Whittier Date signed.....

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. 294,  
working under my personal supervision.

Signed

Lammie Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis

**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.**