

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17046**  
Registrar's No. **4564**

791

1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **Saint Louis, Missouri.**  
(c) Name of hospital or institution  
**Lutheran Hospital. U**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Anna Watson**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed. 2**  
6. (b) Name of husband or wife **Charles Watson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 27th, 1885.**  
(Month) (Day) (Year)

8. AGE: 75 Years 6 Months 1 Days If less than one day  
hr. min.

9. Birthplace **Unknown Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

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

MOTHER FATHER { 12. Name **Peter Lippert**  
13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Himmert**  
(b) Address **3839A California Ave.**

17. (a) **Burial** (b) Date thereof **May 31st, 41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Zions Cemetery.**

18. (a) Signature of funeral director **Ziegenhein,**  
(b) Address **2823 Cherokee Street.**

19. (a) **MAY 31 1941** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County **000**  
(c) City or town **Saint Louis, 247**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3839-A California Ave.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **May** day **28th.**  
year **1941.** hour **2** minute **50 P.** M.  
21. I hereby certify that I attended the deceased from **November**  
\_\_\_\_\_, 19**39**, to **May 28**, 19**41**;  
that I last saw her alive on **May 28**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Cerebral hemorrhage** Duration **3 days**  
Due to **Chronic hypertension** **1 yr**  
Due to **Diabetes Mellitus** **3 yrs**  
**amputation left leg** **3 weeks**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations **W**  
Of autopsy **W**  
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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **A M Drant** (M. D. or other) **D**  
Address **3651 Grandel ave** Date signed **5/29/41**

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.....

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

working under my personal supervision.

Signed.....

*W. C. Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Chen...*

**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, fact should be so stated above.**