

Registration District No. 791

Primary Registration District No.

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Illinois (b) County. 950  
(c) City or town. Cairo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 910 Walnut st.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1941 hour 3 minute :05 P.M.  
21. I hereby certify that I attended the deceased from June 10  
1941 to June 18 1941;  
that I last saw him alive on June 18 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic nephritis  
(Frags. sclerosis)  
Due to Remote infection, the  
type and date of which is  
Due to unknown

Duration  
6 mo. (?)

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 W. R. Drayton (M. D. or other)  
Address 1020 Mo. State Bldg. St. Louis, Mo. Date signed 6-19-41

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

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 11 1923  
(Month) (Day) (Year)  
8. AGE: Years 18 Months 0 Days 7  
If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business High School

12. Name C. R. Watson

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

14. Maiden name Wilmoth Lewis

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

16. (a) Informant C. R. Watson

(b) Address 910 Walnut st. Cairo, Illinois

17. (a) Burial (b) Date thereof June 21, 41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Metropolis, Illinois

18. (a) Signature of funeral director C. Hoffmeister  
7614 S. Broadway

(b) Address

19. (a) JUN 19 1941 (b) J. T. Bredenk  
(Date received local registrar) (Registrar's signature)

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

50  
17  
9

BUAIC. Houston  
no violation by  
Sept 24 1969  
2-3 PM

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**