

JAN 24 1946
Registration District No. **791**

Primary Registration District No. **1003**

10340

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Debutts to Home 3 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 20 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mattie Scuggen WATSON.

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 27 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days..... If less than one day hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)
House wife

10. Usual occupation.....

11. Industry or business.....

12. Name Dennis Watson

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

14. Maiden name Terrher Elliott

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

16. (a) Informant Terrher Watson

(b) Address 6312 S. Broadway

17. (a) Burial (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Burial Home

18. (a) Signature of funeral director Jordan W. Chambers

(b) Address 3100 Franklin Avenue.

19. (a) DEC 29 1941 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6312 S. Broadway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1941 hour 1130 minute 0 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Duration
Cause of death Contusion hemorrhage from stab wound of right lung impaled with knife in the back of party or parties unknown in home at 23510 Cass ave
Due to 12/24/41
Exact time unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 167
Of autopsy 171

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) Homicide

(b) Date of occurrence 12/24/41

(c) Where did injury occur? St. Louis MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work..... Means of injury.....

23. Signature Alfred Parr (M. D. or other)

Address Alfred Parr Date signed 12/26/41

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.....

Julie Tetts

Licensed Embalmer No. 4184

P. O. Address 718 No. Compton,

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.