

FILED APR 8 1942 791

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 11 days
In this community 30 years
(Specify whether years, months or days)

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. 1418 No. 14th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2,
year 1942 hour 10 P. minute 12 M.
21. I hereby certify that I attended the deceased from January
19, 19 42 to March 2, 19 42
that I last saw her alive on March 2, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease Duration Unknown

Due to.....
Due to.....
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.

3. (a) PRINT FULL NAME Lillie 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 Married
6. (b) Name of husband or wife Thomas Watson 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 19, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 11 If less than one day
.....hr.min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Nil

11. Industry or business.....
12. Name Bob Sanford
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Cordelia Frierson
15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith
(b) Address 2601 Whittier St.
17. (a) Burial (b) Date thereof 3/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Hande & Son
(b) Address 3133 Babel ave
19. (a) APR 10 1942 (b) J. F. Hande
(Date received local registrar) (Registrar's signature)

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 J. F. Johnson (M. D. or other).....
Address 2601 Whittier Date signed 3/5/42

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

Constance M. B. B.

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 *J. J. Stoggin*

Licensed Embalmer No. *2497*

P. O. Address *2769 Chouteau*

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.