

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 **11 days** (Specify whether
In this community **20 years** 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. **4464 West Belle Pl.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8,**
year **1942** hour **4** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **March**
29, 19**42** to **April 8,** 19**42**;
that I last saw him ^{her} alive on **April 8,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchopneumonia Duration
4 days

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.

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. W. Johnson** (M. D. or other)
Address **2601 N. Whittier** Date signed **4/9/42**

3. (a) PRINT FULL NAME **Parthenia Deal Watson**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Eugene Watson** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Unavailable abt. 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 28 hr. min.

9. Birthplace **Wabash, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Andrew Burton**

13. Birthplace **Wabash, Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Unavailable**

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

16. (a) Informant **Eugene Watson**

(b) Address **6270 Eastgate Ave.**

17. (a) Burial (b) Date thereof **4/13/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **APR 13 1942** (b) (Registrar's signature)
(Date received local registrar)

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

MOTHER FATHER

no 17 9

000 17 9

107
107

844

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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address 4107 Finney Ave.....

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.