

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16786
Registrar's No. 4868

Registration District No. 791 Primary Registration District No. 1003

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:
2922^a DICKSON ST 1
(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) 19 yrs

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 921
(d) Street No. 2922^a DICKSON ST (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Beck Watt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29th
year 1942 hour 10 minute 42nd
21. I hereby certify that I attended the deceased from 5-15-42
_____ 19 _____ to 5-29 19 42
that I last saw her live on 5-29
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased July 16 1909
(Month) (Day) (Year)

Immediate cause of death ACUTE PNEUMONIA
Duration 14 DAYS

8. AGE: Years Months Days If less than one day
32 10 13 _____ hr. _____ min.

Due to EXPOSURE
Acute CARDIAC failure 10
Due to PNEUMONIA DAYS

9. Birthplace Macon Miss
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Other conditions Not any
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____
12. Name Anderson Bailey
13. Birthplace Macon Miss
(City, town, or county) (State or foreign country)
14. Maiden name Emma
15. Birthplace Macon Miss
(City, town, or county) (State or foreign country)

Major findings: 108
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lena Casey
(b) Address 2922^a DICKSON ST
17. (a) Burial (b) Date thereof 6-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director J. Randle & Son
(b) Address 3133 Ball ave
19. (a) JUN 3 1942 (b) J. H. Brubaker
(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. H. Brubaker (M. D. or other)
Address 4067^a Easton Date signed 6/4/42

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

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17
9

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: *S. J. Whitson*

Licensed Embalmer No. *2698*

P. O. Address: *2769 Charlotte*

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.