S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942 391

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 16787

Registrar's No. 4961

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17
9

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

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
In this community Unknown (4) years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003 006

(a) State Mo. (b) County 12

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 2230 Chestnut
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Myrtle Watts

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race col

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife dont know

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

7. Birth date of deceased May (Month) 30th (Day) 1900. (Year)

8. AGE: Years 42 | Months 0 xxx | Days 0 xxx | If less than one day hr. min.

9. Birthplace Union City, (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Domestic

11. Industry or business House-hold duties,

FATHER
12. Name dont know
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant B. W. Mayes
(b) Address 2230a, Chestnut St,

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Jun 8th, 42. (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis, Ill Bucker Washington

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812 Thomas, St, St Louis, Mo.

19. (a) JUN-8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30, year 1942 hour 10 minute 08 P. M.

21. I hereby certify that I attended the deceased from May 24, 1942, to May 30, 1942 that I last saw her alive on May 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease	Indefinite
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. J. Erwin (M. D. ~~or other~~) O

Address 2601 Whittier Date signed 6-2-42

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2266.

P. O. Address 2812. Thomas, St

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.