

FILED NOV 6 1942  
Registration District No. 184

Primary Registration District No. 106

Registrar's No. 2179

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

96  
33

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
620 Nirk Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis.  
(c) City or town SKirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 620 Nirk Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME

Ida May Watson.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife James Emmitt Watson. 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased December 28, 1893.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 9 22 hr. min.

9. Birthplace Greenville, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER { 12. Name James Harper.  
13. Birthplace Alton, Illinois.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Lynch.  
15. Birthplace Greenville, Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant James Watson.  
(b) Address 620 Nirk Ave.

17. (a) Burial (b) Date thereof 10-23-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sorento, Illinois.

18. (a) Signature of funeral director Hy. Leidner Und.Co.  
(b) Address 2223 St. Louis Ave.

19. (a) OCT 20 1942 (b) C. H. McQuinn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1942 hour 1:52 A.M. minute M.

21. I hereby certify that I attended the deceased from July 15, 1942  
to Oct 20, 1942  
that I last saw her alive on Oct 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 Mo

Due to 46 hr

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) X  
(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? (Specify type of place) (e) Means of injury

23. Signature C. H. Reslie (M. D. or other) MD  
Address Kirkwood, Mo Date signed 10-20-42

209 S. Kirkwood Rd.  
15526 1-30-3 (Tm)  
MAY 16 1944  
JUN 2 1944

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.

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