

FILED JAN 11 1943

Registration District No. 284

Primary Registration District No. 117

Registrar's No. 4777#2801

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

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town 9221 Crawford Ave., Rock Hill Mo
(c) Name of hospital or institution:
9221 Crawford Ave., Rock Hill Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rock Hill Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 9221 Crawford Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Dorothy Katherine Watters

3. (b) If veteran, name war No 3. (c) Social Security No. 498-03-4736

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Jr. 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Mar 27 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 9 4 hr. min.

9. Birthplace Maplewood Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles John Brockman

13. Birthplace Maplewood Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ida Yorke

15. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Watters
(b) Address 9221 Crawford Ave., Rock Hill Mo.

17. (a) Burial (b) Date thereof Jan 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetary

18. (a) Signature of funeral director Jay B. Smith Funeral Home
(b) Address 7456 Manchester Ave. Maplewood Mo.

19. (a) JAN 5 1943 (b) C. M. McManis, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 hour 5 minute 15-0 M.

21. I hereby certify that I attended the deceased from 1, 1942, to 1, 1943;
that I last saw her alive on 12-9-1-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death La Grippe - 2 days

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

Other conditions Infantile Paralysis -
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 36
Of autopsy.....

Duration
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) (c) Means of injury.....

23. Signature C. M. McManis (M. D. or other) 0
Address 9216 Harrison Date signed 12/31/42

JAN 12 1943

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.....

A. Burgess

Licensed Embalmer No.

4029

P. O. Address.....

Maplewood

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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