

FILED JAN 3 1943 18

Registration District No. _____

Primary Registration District No. _____

1003

11585

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1yr, 9Mo, 28days.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Henry Watson.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased..... ?? ?? 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 ?? ?? hr. min.

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

10. Usual occupation Painter

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullett & Kelly

(b) Address 4386 Finckle Blvd.

19. (a) DEC 23 1943 (Date received local registrar) J. F. Boreck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 17
(c) City or town St. Louis 9 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 ARSENAL STR.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... American.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1943 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from March 15 1943
to Dec 6 1943
that I last saw him alive on Dec 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
arteriosclerotic heart disease
Due to arteriosclerotic heart disease
Due to MI
Other conditions Thrombosis of vena cava
(Include pregnancy within 3 months of death)

Duration

3 years

3 weeks

PHYSICIAN

Major findings:
Of operations.....
Of autopsy Myocarditis Arteriosclerosis
Thrombosis of vena cava

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. F. Boreck (M. D. or other) M.D.
Address 5800 Arsenal Date signed 12/21/43

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

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 *Malcolm H. McLaughlin*
Licensed Embalmer No. *4314*
P. O. Address *St. Louis, Mo.*

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.