DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1127

FILED FEB 27 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 488

1. PLACE OF DEATH:

(a) County St. Louis

(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: Missouri-Pacific Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Dupo (If outside city or town limits, write "RURAL") 2

(d) Street No. Box 57 (If rural, give location) NR

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

If yes, name country 2

3. (a) PRINT FULL NAME Benjemin Frank Watts

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race wh

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 Apr. (Month) 29 (Day), 1868 (Year)

8. AGE: Years 75 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Railroad Engineer

11. Industry or business Missouri Pacific Railroad

FATHER
12. Name Finley Paris Watts
13. Birthplace Nashville, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rebecca Sussana Morefield
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Jessie Gallagher

(b) Address 5112 Delmar St Louis MO

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof M January 17, 44 (Month) (Day) (Year) 1944

(c) Place: burial or cremation Centralia, Illinois

18. (a) Signature of funeral director Harold A. Dashner

(b) Address Dupo, Illinois

19. (a) JAN 17 1944 (Date received local registrar) (b) J. F. Bridget (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1944 hour 11:15 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 11, 1944, to Jan. 17, 1944; that I last saw him alive on Jan. 16, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	1 wk.
Due to	
Due to	
Other conditions: Chronic Nephritis (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Paul F. Norbet (M. D. ~~or other~~)

Address Missouri-Pacific Hospital Date signed 1-17-1944

(Licensed Embalmer's Statement on Reverse Side)

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

Body not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Harold A. Deshner

Licensed Embalmer No.

P. O. Address Dupo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.