

FILED DEC 27 1944

1003

Registration District No.

Primary Registration District No.

Registrar's No. 10547

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4336 a Saint Louis Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4336 a Saint Louis Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IRENE WATSON

3. (b) If veteran, name war \*-- 3. (c) Social Security No. 3021-85-29

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leroy Watson 6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased July 14, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 4 25 -- hr. -- min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER  
12. Name Jim Johnson  
13. Birthplace Nashville, Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Chandler  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Watson  
(b) Address 4336 a Saint Louis Avenue  
17. (a) Burial (b) Date thereof 12-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

17. (c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) DEC 13 1944 (Date received local registrar) J. G. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th  
year 1944 hour 10: minute 30 P.A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia. Duration \_\_\_\_\_

Due to 107

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?

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury 3  
23. Signature Patrick E. Taylor, Dep. Coroner (M.D. or other) \_\_\_\_\_  
Address 1300 Clark Avenue Date signed 12/12/44

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

STATEMENT BY LICENSED EMBALMER

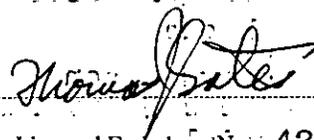
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.)

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