

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State-File No. **2637**
 Registrar's No. **8**

FILED FEB 2 1946

Registration District No. _____ Primary Registration District No. **3020**

1. PLACE OF DEATH:
 (a) County **Franklin.**
 (b) City or town **Washington.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **701 S. Elm St./**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None.** (Specify whether
 In this community **70 yrs.** years, months or days)

3. (a) PRINT FULL NAME **August Ewald Watermann.**
 3. (b) If veteran, name war **X**
 3. (c) Social Security No. **490-28-7733**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of ~~husband's~~ wife **Barbara C. Watermann**
 6. (c) Age of ~~husband's~~ wife if alive **62** years
 7. Birth date of deceased **March 2nd, 1875**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 15 hr. min.

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

10. Usual occupation **Brewery, (laborer)**

11. Industry or business **X**

12. Name **Henry Watermann.**

13. Birthplace **Unknown, Germany.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Christina Hermann.**

15. Birthplace **Cincinnati, Ohio.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Barbara C. Watermann.**

(b) Address **701 S. Elm St. Washington, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 19, 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Heibug & Vitt, Inc.**

(b) Address **Washington, Mo.**

19. (a) **1/19/46** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin**
 (c) City or town **Washington**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **701 S. Elm St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17th.**
 year **1946** hour **2:00** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Jan 2**
 19**46** to **Jan 17, 1946**
 that I last saw him alive on **Jan 16, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Urinary**
prostatitis
 Due to **Prostatic hyperplasia**
+ Chr. nephritis
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **13/15**
 Of autopsy _____

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 **[Signature]** (M. D. or other) **MD**
 Address **Washington, Mo.** Date signed **1/18/46**

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-1-46

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 _____

Lester A. Pitt
Licensed Embalmer No. B254

P. O. Address Washington, Md.

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.