

**FILED JUN 24 1946**

State File No. ....

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1297

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(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 Pulaski 85  
(c) City or town Dixon 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John W. Watson  
(b) If veteran, name war Nil  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 13  
year 1946 hour 4:45 minute P M.  
21. I hereby certify that I attended the deceased from June 9  
1946 to June 13 1946  
that I last saw him alive on June 13 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Neoma Anna Watson  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 1 1876  
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 3 days  
Due to Paralysis Agitans  
Due to 107

8. AGE: Years Months Days If less than one day  
70 1 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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.

9. Birthplace Iberia Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name John I. Watson  
13. Birthplace Unknown Indiana \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Rollins \_\_\_\_\_  
15. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant: Ira E. Watson  
(b) Address Kirkwood, Missouri

17. (a) Burial (b) Date thereof 6-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 6-17-46 (b) E. S. McSweeney  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
Signature et denny (M. D. or other) md  
Creve Coeur Date signed 6-17-46

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

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**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 *Chris R. Cadwell*.....

Licensed Embalmer No. *4077*.....

P. O. Address.....

**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.**