

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **339205**
Registration District No. **318** Primary Registration District No. **100** Registrar's No. **9498**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK O. WATTS.

3. (b) If veteran, name war none

3. (c) Social Security No. 497-18-6070

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Moore Watts.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 14, 1867
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day

78	11	21	hr. min.
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9. Birthplace Paducah Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Chairman of the Board

11. Industry or business First National Bank of St. Louis

12. Name Thomas Watts

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

14. Maiden name Ruth Caldwell

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

16. (a) Informant Mrs. Helen Moore Watts

(b) Address 265 Union Blv'd., St. Louis, Mo.

17. (a) Burial (b) Date thereof 11-7-46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. B. Lupton & Sons.

(b) Address 7233 Delmar lvd. St. Louis, Mo.

19. (a) NOV 6 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. # 265 Union Blvd.,
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1946 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1940 to 11-5-46, 1946
that I last saw h. l. l. v. alive on 11-5-46
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Generalized

Due to _____

Due to _____

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

Major findings: Cerebrum (?) of blood Urinary

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)

(c) Means of injury 3

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 11-6-46

JE-1800 Humboldt Bldg.
Dr. Grayson Carroll, NE-0202 10-1 & 4-5:30
Dr. C. J. Reiss Humboldt Bldg.
JE-1800 1 to 5 P.M.

DEC 23 1948

DEC 20 1948

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, *Raymond L. Morris*

Licensed Embalmer No. *4330*

P. O. Address. *Maplewood*

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.