S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33124

Registrar's No. 8556

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(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 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6210a Columbia Avenue., 4
(If rural, give location)

(e) Citizen of foreign country? 3 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harry Thompson Watson

3. (b) If veteran, name war None

3. (c) Social Security No. 493-09-4233

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel Watson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November (Month) 13 (Day) 1884 (Year)

8. AGE: Years 62 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Billquay (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Piston ring worker 1/11

11. Industry or business McQuay-Norris 1/11

FATHER
12. Name Aaron Watson
13. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Hannah Turnbull
15. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mabel Watson
(b) Address 6210a Columbia Avenue.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Baden, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 9 1947 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9/1 1947 to 9/8 1947 that I last saw him alive on 9/7 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General peritonitis	7 days
Due to Perforation of Colon	7 days
Due to Hepatic Flexure of previous perforation	
Other conditions Ulcer between gallbladder & colon (Include pregnancy within 3 months of death)	2 yrs

Major findings: Of operations Free pus in abdomen. Obstruction of transverse colon
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature L. C. Millikin (M. D. or other) MD

Address 2608 S. Kingshighway Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.