

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43583

State File No. ....

12060

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 13 days  
(Specify whether years, months or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Osage

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

(d) Street No. 21-16 N Compton  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Willie Watson

3. (b) If veteran, name war..... None

3. (c) Social Security No. 431-05-1692

4. Sex..... Male 5. Color or race..... Col.

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

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

6. (c) Age of husband or wife if alive..... 51 years

7. Birth date of deceased..... February 5, 1891  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 30  
year..... 1947 hour..... 2 minute..... A M.

21. I hereby certify that I attended the deceased from.....  
Dec. 17 to..... 19. 47 to..... Dec. 30 19..... 47  
that I last saw him..... in alive on..... Dec. 30 19..... 47  
and that death occurred on the date and hour stated above. Duration.....

Immediate cause of death..... Carcinoma of Stomach  
with metastasis to liver Undet.

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

56 10 25 hr. min.

Due to.....

Due to.....

Other conditions..... None  
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... laborer

11. Industry or business..... Public Service

12. Name..... Willie Watson

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

14. Maiden name..... MARY WATSON

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

16. (a) Informant..... P. E. Miller  
(b) Address..... Little Rock, Ark.

17. (a) Removal..... (b) Date thereof..... 1-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Little Rock, Ark.

18. (a) Signature of funeral director..... Allen Duff  
(b) Address..... 3506 Franklin Ave.

19. (a) Date received local registrar's..... JAN 2 1948  
(Date received local registrar's) (Registrar's signature)

Major findings:  
Of operations.....

Of autopsy..... No

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?..... (Means of injury)

23. Signature..... Oscar J. Daniels  
(M. D. or other)

Address..... 2601 N Whittier Date signed..... 12/30/47

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

MOTHER FATHER

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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.....

*J. E. Cooper*..... Registered Apprentice No. *305*  
working under my personal supervision.

Signed..... *J. E. Cooper*

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

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.