

No. 2  
-1/47  
-17-39

43584

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11297

National Office of Vital Statistics  
FILED DEC 22 1947 318

Registration District No. ....

Primary Registration District No. 100

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  
(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 Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1416 N. Newstead  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Gertrude Watts

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased June 26 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 5 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Kelley

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

14. Maiden name Louise Anderson

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

16. (a) Informant Alice Scott

(b) Address 1338 N. Euclid

17. (a) Burial (b) Date thereof 12-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 Lucas Ave

19. (a) DEC 10 1947 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1947 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic Myocarditis  
Chronic Atherosclerosis  
Ins. unspecified

Other conditions..... (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsies.....

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?..... Means of injury 3  
23. Signature Walter Perry (M. D. or other)  
Address Capitol Hill Date signed 12/10/47

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

MOTHER FATHER

*Mull*

MAR 7 1951

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 *Burleson English*  
Licensed Embalmer No. *4208*  
P. O. Address *2931 Lucas, Ave*

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.