S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 7177

Registrar's No. 1708

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

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3523 Cambridge 3
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Rose A. Watson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Alexander

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Coup
13. Birthplace Washington (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Ella Irene Hoole
15. Birthplace Washington (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Dorothy Barnes Lincoln
(b) Address 3523 Cambridge Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1948 hour 6 minute 17 P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948, to Feb 17, 1948
that I last saw her alive on Feb 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	24 hrs
Due to: Coronary Thrombosis & Infarction	18 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature [signature] (M. D. or other) MD
Address 4968 Delmar Date signed 4/18/48

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 H. E. Burgess

Licensed Embalmer No. 4029

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.