FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38751
Registrar's No. 9973

1. PLACE OF DEATH:
(a) County St Louis, Mo City
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1444a North 22nd St.
(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 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town St Louis, Mo. (If outside city or town limits, write "RURAL")
1444A North 22 nd Street
(d) Street No. 21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Watson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Teamos Watson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 26 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt-51	—	—	hr. min.

9. Birthplace Hopkinsville Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Not known
FATHER 12. Name Ky.
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosa Bush
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Teamos Watson
(b) Address 1444 A North 22 Nd Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave
19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1/10 48, 19.. to 11/15 48, 19.. that I last saw her alive on 11/15 48, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Lung	?
Due to Carcinoma of Breast Primary in Breast	2yr?
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations no
Of autopsy no

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 E. T. Fagold (M.D. or other)
Address 3136 Lucas Ave Date signed 11/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINTY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Vaynire

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.