

21823

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

4886

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>add</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. Louis,</u>		c. LENGTH OF STAY (In days) <u>2-3-1949</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis,</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3625 Finney</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Watkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>col</u>		7. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>July 4, 1889</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Savannah Tenn/</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Smith</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myron L. Watkins</u> ADDRESS <u>3625 Finney Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>930</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>July 8, 1948</u> , to <u>May 31, 1949</u> , that I last saw the deceased alive on <u>May 31, 1949</u> , and that death occurred at <u>9:50A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cletus L. Krag M.D. - U</u>				23b. ADDRESS <u>5600 Arsenal St St Louis</u>		23c. DATE SIGNED <u>5/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>16-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson!</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL <u>JUN 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Losator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave.</u>	

L.S. (Licensed Embalmer's Statement on Reverse Side)

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

2509-26

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. J. Watson

Signed _____

Student Embalmer

Licensed Embalmer No. *269A*

P. O. Address _____

2769 Chantel

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.