

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21826

State File No.

BIRTH NO. 16110-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5334

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>50</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo. 7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto 22</u>	
c. LENGTH OF STAY (in this place) <u>2 hours</u>		d. STREET ADDRESS (If rural give location) <u>N. R. = 602 St. Clement 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Timothy Karl</u> b. (Middle) <u>Watson</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	
8. DATE OF BIRTH <u>3-25-49</u>		9. AGE (In years last birthday) <u>3</u> if under 1 year Months Days		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>De Soto Mo.</u>	
13a. FATHER'S NAME <u>Glennwood Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Glady's Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Alton Watson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>49-1500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. G. King</u> ADDRESS <u>1500 So. Kings Highway</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
		Morbidity 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. <u>Bleeding atresia; Prematurity</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>159</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>1176X</u>	

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 2:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg MD</u> (Degree or title)		23b. ADDRESS <u>St. Louis Children's Hosp</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUN 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>De Soto No. (Woodland)</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. B. Lanter</u> ADDRESS <u>De Soto</u>			
DATE REC'D BY LOCAL REG. <u>JUN 20 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>			

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

PO-4100
2/15/18

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 _____

working under my personal supervision.

Not Embalmed

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Donnell Balentine

Licensed Embalmer No. _____

4104

P. O. Address _____

Coats no

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.