

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25393

6111

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3517a Market St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>3517a Market St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) c. (Last) <u>Watts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1950</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 1st 1875</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Hue Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Martha ?</u>		14. NAME OF HUSBAND OR WIFE <u>John Watts</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Foster 3517a Market St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Carcinosis of Liver</u> <u>2. Anemia</u> <u>3. Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>2. Diabetes</u> <u>3. Chronic nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>2. Diabetes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 3/4 hrs</u> <u>7 1/2 hrs</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4413X</u>					
22. I hereby certify that I attended the deceased from <u>June 20, 1950</u> , to <u>July 11, 1950</u> , that I last saw the deceased alive on <u>July 11, 1950</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>S. R. Barrett M.D.</u> (Degree or title)				23b. ADDRESS <u>1409 N. Euclid</u>		23c. DATE SIGNED <u>7.12.50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Greenwood Cem'ty</u>		24d. LOCATION (City, town, or county) (State): <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home Inc. 2820 Stoddard St.</u>					

WRITE PLAINLY—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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13. Mo

**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.