

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31984

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7659

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2159	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 3956 WALSH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3956 Walsh			

3. NAME OF DECEASED a. (First) LORINE b. (Middle) c. (Last) WATT			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7-1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH March 19-1911 39		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 MRS. Hours Min.
10a. OCCUPATION (Give kind of work done, or profession, trade, or even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Desoto Miss	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. William Watt		13b. MOTHER'S MAIDEN NAME Laura Oest	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. N	
17. INFORMANT'S SIGNATURE OR NAME J.W. Watt		18. ADDRESS St. Louis			

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) compound fracture of skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered when struck by Missouri Super Engine # 220.5 on Missouri Pacific Right of way near Desoto Miss about 500 pm II. OTHER SIGNIFICANT CONDITIONS Sept 7 1950 Conditions contributing to the death but not related to the disease or condition causing death. It either accidental or suicidal			INTERVAL BETWEEN ONSET AND DEATH 6134
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION could not be determined open verdict		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict		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? E 80 225	

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 500 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED SEP 9-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-50		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) Desoto Miss		25. FUNERAL DIRECTOR'S SIGNATURE MOTHERSHEAD FUNERAL HOME		ADDRESS Desoto Miss	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 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.