

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 3069

4007

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>25 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1117 S ROCK HILL RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1117 S ROCK HILL RD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DICKERSON</u> c. (Last) <u>WATTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1950</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-21-1885</u>		9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARDMASTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TERMINAL R.W. CLARKSVILLE TENN</u>			11. BIRTHPLACE (State or foreign country) <u>CLARKSVILLE TENN</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>GEO. WM WATTS</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>THERESA WATTS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-12-1270</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theresa A Watts</u>		ADDRESS <u>1117 S R Hill</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>						<u>1 hour</u>	
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 1945, to Dec. 18, 1950, that I last saw the deceased alive on 5-14, 1950, and that death occurred at 3:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Velleo MD</u> (Degree or title)		23b. ADDRESS <u>53 W. Big Bend</u>		23c. DATE SIGNED <u>12-18-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO</u>	
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DATE REC'D BY LOCAL REG. <u>12/19/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Allrich</u>		ADDRESS <u>Funeral Home Web Groves MO.</u>	
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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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Water Grove*

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.