

FILED AUG 23 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2857

1. PLACE OF DEATH
a. COUNTY SAINT LOUIS 4002
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON
c. LENGTH OF STAY (In this place) 46
d. FULL NAME OF HOSPITAL OR INSTITUTION 8115 WHITBURN DRIVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON 4462
d. STREET ADDRESS (If rural, give location) 8115 WHITBURN DRIVE 0

3. NAME OF DECEASED a. (First) ISABEL b. (Middle) KIRBY c. (Last) WATSON
4. DATE OF DEATH (Month) (Day) (Year) AUGUST 7 1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 9/30/72 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 9 Days 30 IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (State or foreign country) Assumption, Ill
12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME ? Kirby 13b. MOTHER'S MAIDEN NAME Rose Condon 14. NAME OF HUSBAND OR WIFE Paris Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME Myra Watson ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS Unknown
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving 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. 4201

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/26, 1951, to 8/7/51, 1951, that I last saw the deceased alive on 8/7/51, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE Victor H. Peger M.D. (Degree or title) 23b. ADDRESS 4162 Lindell 23c. DATE SIGNED OL-0929

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/9/51 24c. NAME OF CEMETERY OR CREMATORY Ressurrection 24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.

DATE REC'D BY LOCAL REG. 8-8-51 REGISTRAR'S SIGNATURE Robert P. Dombke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. 6633 Clayton

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.....

Paul H. Hubbard

Licensed Embalmer No. 1894

Signed.....

Student Embalmer

P. O. Address.....

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.