7.S. No. 300
Rev. 10.48

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

FILED DEC 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39881

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1004 Registrar's No. 9931

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS:
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSPITAL:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI:
b. COUNTY: ST. LOUIS:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRENTWOOD: 4511
d. STREET ADDRESS (If rural, give location): 1734 CANARY COVE:

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): WILLIAM
c. (Last): WATERSON

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: March-19-1883
9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL APPL.
11. BIRTHPLACE (State or foreign country): INDIANAPOLIS, INDIANA.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM WATERSON
13b. MOTHER'S MAIDEN NAME: MARY HARMEYER
14. NAME OF HUSBAND OR WIFE: FLORA EDITH LAMB WATERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 317-10-7861
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss. Louise Waterson. Brentwood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years?

ANTECEDENT CAUSES
Morbid 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.
Exfoliative dermatitis — 1 month
Arteriosclerotic gangrene, rt. leg — 2 weeks

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HB X

22. *I hereby certify that I attended the deceased from* 9-11-51, *19*____, *to* present, *19*____; *that I last saw the deceased alive on* 11-7-51, *19*____, *and that death occurred at* 1:50 P*m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Kingsland (Degree or title) D
Robert C. Kingsland MD
23b. ADDRESS: 31 North Brentwood Clayton 5, Mo.
23c. DATE SIGNED: 11-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11/9/51
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): FORT WAYNE, INDIANA.

DATE REC'D BY LOCAL REG. NOV 9 1951
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. R. LUPTON & SONS 7233 DELMAR BLV'D.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Arnold W. Schoene

Signed _____
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.