

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3443
Registrar's No. 0278

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		STREET ADDRESS (If rural, give location) 3957 Finney	

3. NAME OF DECEASED (Type or Print) William			a. (First) b. (Middle) c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1952					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH Sept. 10, 1883		9. AGE (In years last birthday) 68			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY Pension			11. BIRTHPLACE (State or foreign country) Tennessee, Memphis			12. CITIZEN OF WHAT COUNTRY? U S A		

13a. FATHER'S NAME Henry Watson		13b. MOTHER'S MAIDEN NAME Clara		14. NAME OF HUSBAND OR WIFE Katie Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edith Elliott	
				ADDRESS 4111 Papin	

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) Cerebral Hemorrhage				11 days	
		ANTECEDENT CAUSES				Undet.	
		DUE TO (b) Hypertension 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.					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 12-28, 1951, to 1-8, 1952, that I last saw the deceased alive on 1-8, 1952, and that death occurred at 9:45a m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) Robert J. Gorman M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-12-52		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
				24d. LOCATION (City, town, or county) (State) Lemay	

DATE REC'D BY LOCAL REG. JAN 10 1952		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Boice	
				ADDRESS 1221 N. Grand	

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 Clarence Johnson

Licensed Embalmer No. 47355

P. O. Address 1221 N. Grand

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.