

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27007

State File No.

6954

39995
FILED JUL 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

| | | | |
|--|----------------------------------|--|---|
| 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) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Romer G. Phillips | | d. STREET ADDRESS (If rural, give location) 1525 Webster | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jimmy | | c. (Last) Watson, Jr. | |
| b. (Middle) | | 4. DATE OF DEATH (Month) (Day) (Year) 6-10-53 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 6-10-53 |
| 9. AGE (In years last birthday) | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 11. BIRTHPLACE (State or foreign country) |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME Jimmy Watson | 13b. MOTHER'S MAIDEN NAME Virginia Johnson | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | INFORMANT'S SIGNATURE OR NAME <i>Kathryn M. Howard</i> | ADDRESS 2601 N. Whittier |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 776X |
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22. I hereby certify that I attended the deceased from **6-10-**, 19**53**, to **6-10-**, 19**53**, that I last saw the deceased alive on **6-10-**, 19**53**, and that death occurred at **3:40p** m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Wm. H. Simkler</i> | (Degree or title) M. D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 6-16-53 |
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|---|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE JUL 3 1 1953 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. JUL 15 1953 | REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service | ADDRESS |
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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.....

Licensed Embalmer No.

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.