

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41343**

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

Registrar's No. **10517**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR Town St. Louis, Mo.		c. CITY OR TOWN Kirkwood 4723 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 Months		e. STREET ADDRESS (If rural, give location) 926 Edna St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns, Hospital.			
3. NAME OF DECEASED (Type or Print) a. (First) Elva		b. (Middle) Belle	
c. (Last) Watson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1953.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 29, 1889.
9. AGE (In years last birthday) 64.		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	
11. BIRTHPLACE (City and State or Foreign Country) / Dodge City Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jayson Pence		13b. MOTHER'S MAIDEN NAME Rosie Kite	
14. NAME OF HUSBAND OR WIFE Forrest Watson.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Forrest Watson, Kirkwood, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Leukemia (Myelogenous) INTERVAL BETWEEN ONSET AND DEATH 4 1/2 months 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.	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2041			
22. I hereby certify that I attended the deceased from 6-24-53 , to 11-3-1953 , that I last saw the deceased alive on 11-2-1953 , and that death occurred at 3:25 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Carl J. Keis		23b. ADDRESS 1818 Kingshighway	
23c. DATE SIGNED 11-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-3-53	
24c. NAME OF CEMETERY OR CREMATORY Keens Chapel, Cem.		24d. LOCATION (City, town, or county) (State) Clay County, Illinois.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 5 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H Hoppe 4700 Washington.	

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4194
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.