

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41344

State File No.

FILED NOV 24 1953

10616

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10616

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. LENGTH OF STAY (In this place) <u>Byrlom 21</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>12 5351 Delmar Blvd.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>12 5351 Delmar Blvd.</u>		
3. NAME OF DECEASED (Type or Print) <u>Gertrude</u>			a. (First)	b. (Middle) <u>---</u>	c. (Last) <u>Watson</u>
4. DATE OF DEATH	(Month) <u>11-</u>	(Day) <u>8-</u>	(Year) <u>53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar 27 1867</u>	9. AGE (In years last birthday) <u>86</u>	10. IF UNDER 1 YEAR Days <u>7</u>
11. IF UNDER 24 HRS. Hours <u>11</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>4 Hanwell, England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>piano teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music Teaching</u>			
13a. FATHER'S NAME <u>George William Fustin</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Gibbons</u>		14. NAME OF HUSBAND OR WIFE <u>John Watson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Watson Supt.</u>	
				ADDRESS <u>Masonic Home of Missouri, 5351 Delmar</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis-</u>		DUE TO (b) <u>Chronic interstitial-Nephritis</u>			<u>3 Yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>neuritis</u>			<u>2 yrs.</u>
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? <u>592X</u>			

22. I hereby certify that I attended the deceased from 12-17-49 to 11-8-, 1953, that I last saw the deceased alive on 11-8-, 1953, and that death occurred at 10:20am from the causes and on the date stated above.

23a. SIGNATURE <u>John Watson</u>		(Degree or title)	23b. ADDRESS <u>508 N. Grand Blvd.,</u>		23c. DATE SIGNED <u>11-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>		

DATE REC'D BY LOCAL REG. <u>NOV 9 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUEDMEYER & SON'S 3934 N. 20th Street</u>			
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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

Student Embalmer

Signed

Gustav W. Jentel

Licensed Embalmer No. *329*

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.