

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39344

State File No.

9737

FILED NOV 22 1954
BIRTH NO. 84197-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 <u>ST LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS 18 MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOOTH MEMORIAL HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>24 3740 Marine Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle)	c. (Last) <u>WATTERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 25 - 54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>25 Oct. 1954</u>	9. AGE (In years last birthday) <u>18 2/3</u>	10. UNDER 1 YEAR Months Days	11. UNDER 1 HR. Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>ENGLAND</u>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <u>PAMELA WATTERS</u>	14. NAME OF HUSBAND OR WIFE
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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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E Florence Bestman Social Worker</u>	ADDRESS
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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, asphyxia, 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) <u>Pulmonary Atelectasis</u>		<u>from birth</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (7 mo.)</u> DUE TO (c) <u>Epilepsy of mother</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent fall may have contributed of mother</u>			

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7625</u>
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22. I hereby certify that I attended the deceased from 25 Oct 1954, to 25 Oct 1954, that I last saw the deceased alive on 25 Oct 1954, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edford M. Seamans, M.D.</u> (Degree or title)	23b. ADDRESS <u>3740 Marine, St. Louis</u>	23c. DATE SIGNED <u>26 Oct. 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 26 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u> ADDRESS <u>2630 Gravois.</u>
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WRITE PLAINLY—USING UNFAADING 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

Robert T. Giffen

Signed

Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Grandis

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.