

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **3222**
Registrar's No. **0836**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		STREET ADDRESS (If rural, give location) 4368 Bingham Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) GENEVA	b. (Middle) VANCIL	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 1955
-------------------------------------	--------------------------	---------------------------	-------------------------	-----------------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 17, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
----------------------	-------------------------------	---------------------------------------------------------------------	---------------------------------------	-------------------------------------------	----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse-Elgin State Hosp., Elgin, Ill.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DuQuoin, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME John Vancil	13b. MOTHER'S MAIDEN NAME Mary Spears	14. NAME OF HUSBAND OR WIFE Late John Watson
---------------------------------------	----------------------------------------------	-----------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aileen R. Williamson	ADDRESS 4368 Bingham Av.
-----------------------------------------------------------------------------	-------------------------------------	---------------------------------------------------------------	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anuria		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General metastasis throughout liver and lumbar spine		14 months
	DUE TO (b) Chronic nephritis		6 months
	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 Dec. 1953	19b. MAJOR FINDINGS OF OPERATION Primary carcinoma right breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 170X
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from **12-4**, 19 **54**, to **1--28**, 19 **55**, that I last saw the deceased alive on **1-28**, 19 **55**, and that death occurred at **4:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Clara Simpson (Degree or title) M.D.	23b. ADDRESS 3739 Gravois, St. Louis, Mo.	23c. DATE SIGNED 1-28-55
-------------------------------------------------------------------	--------------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Jan. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY DuQuoin, Ill.	24d. LOCATION (City, town, or county) (State)
----------------------------------------------------------------	--------------------------------	---------------------------------------------------------	-----------------------------------------------

DATE REC'D BY LOCAL REG. JAN 28 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
---------------------------------------------	-------------------------------------------------	------------------------------------------------------	-----------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stoverson*

Licensed Embalmer No. *400*

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