

FILED MAR 19 1958

STATE FILE NUMBER
2685

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2685

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri			COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
30 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Louis Maternity		Length of stay in 1b	d. STREET ADDRESS 1270 4737 Newberry Terrace		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First Watson			Middle			Last			
4. DATE OF DEATH February 19 1958			Month			Day			Year			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 18 1958			9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	7	10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY ---			11. BIRTHPLACE (City and state or country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Herbert Hoover Watson			13b. MOTHER'S MAIDEN NAME Lois Lee Edwards			14. NAME OF HUSBAND OR WIFE ---						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ---			17. INFORMANT Lois Lee Watson			Address Above			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dural hemorrhage</u>									INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hydrocephalus.</u>									2 hrs.			
DUE TO (c)												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>752X</u>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>February 18 1958</u> to <u>February 19 1958</u> . Last saw her alive on <u>February 19 1958</u> Death occurred at <u>12:50 A M</u> on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>Frank W. Lewis, Jr.</u> (Degree or title)						22b. ADDRESS <u>100 N. Euclid.</u>			22c. DATE SIGNED <u>2-21-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>3-31-58</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
24. FUNERAL DIRECTOR <u>Rowland - Sku 4104 Manchester</u>			ADDRESS			25. DATE RECD. BY LOCAL REG. <u>MAR 6 '58</u>			26. REGISTRAR'S SIGNATURE <u>J. Carl Smith mo</u> -1283			

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.....

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.