

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003615
STATE FILE NUMBER

FEB 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar **2** **524**

300
-57
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-1

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 2059
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5660 Kingsbury		Length of stay in 1b 30 yrs	d. STREET ADDRESS (If outside, give location) 5660 Kingsbury
Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ALFRED Middle LEE Last WATSON			4. DATE OF DEATH Month January Day 15 Year 1959		
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5. SEX Male ^c	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) Villa Ridge, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee Watson	13b. MOTHER'S MAIDEN NAME Frances Johnson	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give year or dates of service) yes Navy WW I	16. SOCIAL SECURITY NO. 496-36-1522	17. INFORMANT Edna Fink	Address Mill Creek, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Short time
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 420.1		
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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
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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 _____
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21. I attended the deceased from **January 1, 1958** to **Jan. 12, 1959** and last saw ^{him} ~~her~~ alive on **January 12, 1959**
Death occurred at **St. Louis, Mo.** **1:00 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>George R. [Signature]</i>	(Degree or title)	22b. ADDRESS 812 Olive St.	22c. DATE SIGNED 1/15/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Thistlewood Cemetery	23d. LOCATION (City, town, or county) (State) Mounds, Illinois
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24. FUNERAL DIRECTOR Berbling Funeral Home Cairo, Ill.	ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 16 '59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1-5 p.m.

FEB 3 195

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 *jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *6173 P. O.*

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.