

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027640

FILED VS AUG 3 1959

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1947

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Charles					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Length of stay in 1b 1 yr		c. CITY OR TOWN St Paul		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION O'Sullivan Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Ru Rt 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Julia Middle Wathen Last Wathen				4. DATE OF DEATH Month July Day 15 Year 1959					
5. SEX Female	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 1/7/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St Paul Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Theodore Wathen			13b. MOTHER'S MAIDEN NAME Susanna Papier			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Celestia Corley St Paul Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis							INTERVAL BETWEEN ONSET AND DEATH 1 day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease							unknown		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 July 9, 1959 to July 15, 1959 and last saw ^{her} him alive on July 15, 1959 Death occurred at 10:20 P m on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) Lewis Littmann MD				22b. ADDRESS 8231 Clayton Rd (17)			22c. DATE SIGNED 7/20/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/20/59	23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery			23d. LOCATION (City, town, or county) (State) St Paul Mo.			
24. FUNERAL DIRECTOR Keithly Funeral Home O'fallon Mo				25. DATE RECD. BY LOCAL REG. 7-20-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Arthur C. Bane*

Licensed Embalmer No. 3154

P. O. Address St Charles

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.