

59-035742

FILED VS. OCT. 26 1959

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. I. W.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>G.</u> Last <u>Watermann</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>22</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/15/1890</u>
9. AGE (last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	
11. BIRTHPLACE (City and state or country) <u>Washington Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13. FATHER'S NAME <u>Julius Averbach</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Watermann</u>	
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>None</u>	
17. INFORMANT <u>Walter Watermann, Washington, Mo.</u>		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>Cornary Occlusion</u> DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>Age</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chr. Arteriosclerosis</u>		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 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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>31</u>		20f. CITY, TOWN, OR LOCATION <u>Washington Mo.</u>	
20g. COUNTY <u>Franklin</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1945</u> to <u>Oct 21, 1959</u> and last saw her/him alive on <u>Oct 21, 1959</u> Death occurred at <u>8:20 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. O. Munn</u>		22b. ADDRESS <u>205 E. Washington Mo.</u>	
22c. DATE SIGNED <u>10/22/59</u>		22d. SIGNATURE <u>L. O. Munn</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
24. FUNERAL DIRECTOR <u>Heberger & Sons</u>	25. DATE RECD. BY LOCAL REG. <u>10/22/59</u>	26. REGISTRAR'S SIGNATURE <u>L. O. Munn</u>	

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

Lester A. Vitt

Licensed Embalmer No.

3254

P. O. Address

Washington

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.