

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 3 8 4 1

FILED VS JAN - 4 1960

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 3

RECEIVED

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>		Length of stay in lb <u>50 yrs.</u>		c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (if NOT in hospital, give location) <u>St. Francis Hosp.</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS <u>R.I.B.</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Barbara C. Watermann</u>				4. DATE OF DEATH Month Day Year <u>Dec. 30, 1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>11/6/1882</u>	
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>1 24</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 of country) <u>Union, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Boehmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Young</u>		14. NAME OF HUSBAND OR WIFE <u>August P. Watermann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (unknown) (If yes, give war or dates of service)) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-28-7733</u>		17. INFORMATION <u>Mrs. Wm. F. Fleckamp, Washington, Mo.</u>		Address <u>R.I.B.</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>Carcinoma, metastatic, liver</u> DUE TO (b) <u>Primary Ca of rectum</u> DUE TO (c) <u>2 yrs</u> Interval between onset and death <u>start 1957</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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>Aug 28, 1958</u> to <u>Dec 30, 1959</u> and last saw her alive on <u>Dec 29, 1959</u> Death occurred at <u>7:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. Munch M.D.</u>				22b. ADDRESS <u>205 E. Washington Mo.</u>		22c. DATE SIGNED <u>1/1/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>		23d. LOCATION (city, town, or county) (State) <u>Washington, Missouri</u>	
24. FUNERAL DIRECTOR <u>Nieburg & Co., Inc.</u>		ADDRESS <u>St. Louis, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>1/2/60</u>		26. REGISTRAR'S SIGNATURE <u>F. P. Fleckamp</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.