

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025063

FILED VS. JUN 27 1960

318 Primary Registration District No. 1003

5880 Registrar's No.

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Missouri COUNTY | |
| Length of stay in 1b 38 Yrs. | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp. | | d. STREET ADDRESS (If outside, give location) 3959 Flad | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------------|---|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK B. WATCHORN | | | 4. DATE OF DEATH Month Day Year June 6, 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIAGE HISTORY Married Widowed | 8. DATE OF BIRTH 12/20/71 | 9. AGE (last birthday) 88 | 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) Grocer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) Morin Hgt's, Canada | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Unk. Watchorn | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Harriet (Deceased) | | | |
| 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 Mildred Orr, 3959 Flad, St. Louis, Mo. | | | |

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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) Cerebral Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Arteriosclerosis | | |
| DUE TO (c) 332XH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ruptured Carcinoma of Gall bladder | | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 **5/20/60** to **6/6/60** and last saw her/him alive on **6/6/60**
 Death occurred at **115 pm 6/6/60** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Arthur P. Dalton, MD | 22b. ADDRESS 453 N. Payne | 22c. DATE SIGNED 6/7/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6/10/60 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery |
| 23d. LOCATION (City, town, or county) Lemay, Missouri | | 23e. DATE RECD. BY LOCAL REG. JUN 8 1960 |

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| 24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette(4) | 26. REGISTRAR'S SIGNATURE Loard Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. T. T. TAYLOR
453 N. TAYLOR
4 P.M.

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 James R. Chapman

Licensed Embalmer No. 453

P. O. Address H. L. Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.