

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED **1960 AUG 23 1960** **318** Primary Registration District No. **1003** Registrar's No. **6557** - **60-033035** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>	Length of stay in 1b	c. CITY OR TOWN <b>St. Louis,</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1118a N. Whittier St.,</b>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>Robert</b> Middle <b>Watson</b> Last <b>Watson</b>			<b>4. DATE OF DEATH</b> Month <b>June</b> Day <b>25,</b> Year <b>1960</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Unknown</b>	<b>9. AGE (last birthday)</b> <b>Abt. 70 Yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MI</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Mississippi</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Unknown</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>500-16-6878</b>		<b>17. INFORMANT</b> Address <b>G. Wade Granberry - 4202 Finney Ave.,</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
DUE TO (b) <b>Metastatic Carcinoma</b>		<b>3 mos</b>
DUE TO (c) <b>Carcinoma Stomach</b>		<b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>151X</b>		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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY STATE
<b>21. I attended the deceased from</b> <b>Community Hospital</b> <b>11 1/2</b> am on the date stated above, and to the best of my knowledge, from the causes stated. last saw her/him alive on <b>6-24-60</b>			

<b>22a. SIGNATURE</b> (Degree or title) <b>Carl D. J. Jaffrey, M.D.</b>	<b>22b. ADDRESS</b> <b>2616 N. Kingshighway</b>	<b>22c. DATE SIGNED</b> <b>6-27-60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>6/29/60</b>	<b>23c. NAME OF CEMETERY OR REMATORY</b> <b>Father Dickson Cemetery</b>
<b>24. FUNERAL DIRECTOR</b> <b>G. Wade Granberry</b>		<b>23d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Mo.</b>

<b>24. FUNERAL DIRECTOR</b> <b>G. Wade Granberry</b>	ADDRESS <b>4202 Finney Ave.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUN 28 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b>
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(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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Av

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