

318

1003

4803

STATE FILE NUMBER

AMENDED

Registration District No. **FILED JUN 2 1961**

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in 1b	c. CITY OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5866 Cote Brilliant			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5866 Cote Brilliance		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle NMN Last WATTS				4. DATE OF DEATH Month May Day 19 Year 1961			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/--/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Newellton, La		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Louis Watts			13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE Hannah Watts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT Hannah Watts		Address 5866 Cote Brilliance	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURED ANEURYSM OF THORACIC AORTA						INTERVAL BETWEEN ONSET AND DEATH 5 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIOVASCULAR LUES						UNDETERMINED	
DUE TO (c) 022x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL ARTERIO SCLEROSIS					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 _____ 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 AUG. 14, 1956 to MAY 17, 1961 and last saw her/him alive on MAY 17, 1961 Death occurred at 2:15A:M m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>F. R. Bradley M.D.</i>			(Degree or title) F. R. BRADLEY, M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 5/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/22/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR <i>E. B. Hanson</i>		ADDRESS 1221 North Grand		25. DATE RECD. BY LOCAL REG. MAY 22 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PROCESSED, BIRMINGHAM, ALA.

DATE: _____

EMBALMER

STATE

NO.

EXPIRES

DATE

TIME

PLACE

BY

AND

DATE

TIME

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

STATE OF ALABAMA

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.

STATE OF ALABAMA

Student _____

Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Duval

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.