

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025634

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1810

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962	
1. PLACE OF DEATH	
a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland	a. STATE Missouri , COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3000 Woodson Road	c. CITY OR TOWN Overland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 3000 Woodson Road	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First GEORGE	Middle S.
Last WATTS	4. DATE OF DEATH
Month June Day 18 Year 1962	
5. SEX male	6. COLOR OR RACE white
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/6/1884
9. AGE (last birthday) 78	
IF UNDER 1 YEAR IF UNDER 24 HR	
Months	Days
Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE PRES	
10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC (RETIRED)	11. BIRTHPLACE (City and state or country) CANADA HAMILTON ONTARIO
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME C. W. S. WATTS	
13b. MOTHER'S MAIDEN NAME ELIZA	
14. NAME OF HUSBAND OR WIFE ELIZABETH M. WATT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT ELIZABETH M. WATT Address 3000 WOODSON RD	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Metastatic brain disease, Right
DUE TO (b)	Carcinoma h. lung
DUE TO (c)	
INTERVAL BETWEEN ONSET AND DEATH	3 Mos.
INTERVAL BETWEEN ONSET AND DEATH	sev. months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
h. hemiplegia.	
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 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 MARCH 12 '62 to JUN 1 '62 and last saw ^{her} him alive on JUN 1 '62	
Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature] M.D.	
22b. ADDRESS 5427 Delmar	
22c. DATE SIGNED JUN 1 '62	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
ENTOMBMENT	6/21/62
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM	
23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 DELMAR BLVD	
25. DATE RECD. BY LOCAL REG. 6-18-62	
26. REGISTRAR'S SIGNATURE [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

VS 300 Rev. 4/59
 1400X
 2400X
 3
 4. 0
 5 1
 6
 7 2
 8 2
 9 163X
 10
 11
 12 90-0
 13

USE BLACK INK OR TYPEWRITER RIBBON

County Dr. Robt. Bassett

Matt 1-5 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 me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo

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.