MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025512

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 305-8 Registrar's No. 28A

FILED JUL 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Charles — Length of stay in 1b: 7 HRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Josephs Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2044 CHERYL — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Robert Middle Theodore Last Watt Jr

4. DATE OF DEATH: Month JULY Day 1 Year 1963

5. SEX: Male
6. COLOR OR RACE: W
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-30-63
9. AGE (last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HR. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): St Charles Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Theodore Watt
13b. MOTHER'S MAIDEN NAME: Kristel Elizabeth Breeden
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Kristle Breeden Watt — Address: St. Charles Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prematurity
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 a.m. p.m. Month, Day, Year
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 6-30-63, to 7-1-63 and last saw her/him alive on 7-1-63.
Death occurred at 4:00 7-1-63 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R D Hammes M.D.
22b. ADDRESS: 207 N 5th St Charles
22c. DATE SIGNED: 7-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1 JULY 1963
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEM.
23d. LOCATION (City, town, or county): ST. CHARLES (State): MO.

24. FUNERAL DIRECTOR: PRINSTER-BAUE F.H. ADDRESS: ST. CHARLES, MO.
25. DATE RECD. BY LOCAL REG.: July 1-1963
26. REGISTRAR'S SIGNATURE: Palmyra Stewart Mabel Fumwalt (Dep)

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Frederic N. Bane

Signature of Student Embalmer

Body not embalmed

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.