JUN 29 1938 REC'D JUL 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 22998
Township Carondelet — Primary Registration District No. 200 — Registered No. 1110
City ~~Jefferson Barracks~~ (No. ..., Veterans Hospital St. ..... Ward)

2. FULL NAME Paul E. WATSON 325
(a) Residence, No. 5234 Nottingham Avenue, St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elly Watson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1893
7. AGE: YEARS 44 — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galatia, Illinois
FATHER
13. NAME Joseph F. Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina County, Illinois.
MOTHER
15. MAIDEN NAME Mary Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina County, Illinois
17. INFORMANT (ADDRESS) Clinical Clerk VAF Jefferson Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE June 29 38
19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.
20. FILED JUN 29 19 38 T. R. Meyer M.D. Dep. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 27, 1938
I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 5:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency, congestive type of cardiac failure with hypertrophy and dilatation; coronary occlusion (arteriosclerotic)	Unkn.
Other contributory causes of importance:	
Arteriosclerosis, generalized	Unkn.
Meningeal Edema.	Unkn.

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Name of operation None Date of autopsy
What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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