

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

23347  
Do not use this space.

1. PLACE OF DEATH DEPT AUG 12 1938

(a) County St. Louis Registration District No. 791  
(b) Township 1008 Primary Registration District No. 6041  
(c) City ST. LOUIS (d) Street No. DEACONESS HOSPITAL St. 345  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PATTI CARTER WATLING  
(a) Residence, No. 450 EAST LOCKWOOD St. MR WEBSTER GROVES  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 ARTHUR J. WATLING  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-17-1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 1 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
9. Industry or business in which work was done, as 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) EGYPT MISSISSIPPI

13. NAME WILLIAM W. CARTER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ELIZABETH TOWN TENNESSEE

15. MAIDEN NAME MARTHA ANN WHITE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) L. C. WATLING 511 NEWPORT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JULY 7 1938

19. FUNERAL DIRECTOR Parker and Co (ADDRESS) WEBSTER GROVES

20. FILER J. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 4 - 1938  
22. I HEREBY CERTIFY, That I attended deceased from May 30 1938, to July 4 1938. I last saw him alive on July 4 1938. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:

Globul Pneumonia

Date of onset June 30

53c

Other contributory causes of importance:

Brain Tumor, Malignant

Name of operation — Date of —  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify Arthur W Nestor, M. D.  
(Signed) Webster Groves (Address) Webster Groves 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.

STATEMENT BY LICENSED EMBALMER

I,         C. C. Aldrich        , Licensed Embalmer No.         1332        

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed         C. C. Aldrich        

Licensed Embalmer No.         1332        

**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.)**