

REC'D SEP 12 1938

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

27049  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lottie Watterson **367**

(a) Residence, No. 3409 Walnut St. **18** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1883  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 3 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
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) Webster Graves 0  
(STATE OR COUNTRY) Missouri 1

FATHER 13. NAME William Huggins

14. BIRTHPLACE (CITY OR TOWN) Unknown 1  
(STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

17. INFORMANT William Watterson  
(ADDRESS) 3409 Walnut Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Park DATE 8/10/38

19. FUNERAL DIRECTOR (NAME) Charles Gates  
(ADDRESS) 4107 E. Manney Ave

20. FILED AUG 9 1938 J. B. Bredish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1938, to August 7, 1938

I last saw her alive on August 7, 1938. Death is said

to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 8/3/38

Other contributory causes of importance:  
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical. 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) H. J. Lyman, M. D.

(Address) 5601 N. Whittier

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**

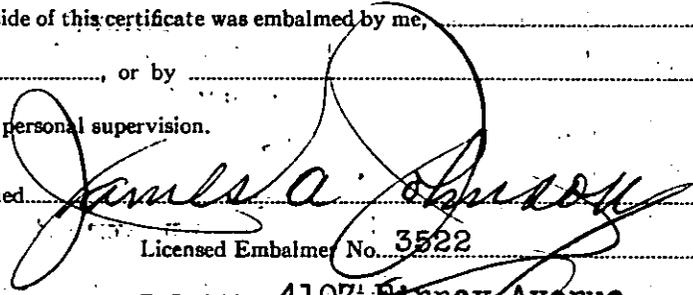
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107<sup>1</sup> Finney Avenue

**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 this body is not embalmed, above space should be left blank.**