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.

0230 APR 12 1939

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

8431
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township or City St. Louis Primary Registration District No. 1003 Registered No. 2196

(c) (d) Street No. 4910 Page Blvd. St.
(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 320 William Price Watts

(a) Residence, No. 4910 Page Ave., St. 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Virginia Watts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Saline County, Missouri.

FATHER
13. NAME Daniel Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Julia Bingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mary Virginia Watts 4910 Page Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall, Mo. DATE Mar. 8, 19 9

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eichmann-Harrah 1905 Union Blvd.,

20. FILED MAR 7 1939 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1937, to March 5th, 1939
I last saw him alive on March 3rd, 1939. Death is said to have occurred on the date stated above, at 11:40 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about 1930
Other contributory causes of importance: Diabetes Mellitus	1935

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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
(Signed) J. F. Gallagher, M. D.
(Address) Wall Bldg 3903 Olive

(Licensed Embalmer's Statement on Reverse Side)

2-5

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....R M Sanford.....

Licensed Embalmer No.....2273.....

P. O. Address.....St Louis.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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