

Registration District No. **791**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 day's
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis [7]
(If outside city or town limits, write "RURAL")
(d) Street No. 4841 Margaretta Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Robert Waterson 367

3. (b) If veteran, name war. No 3. (c) Social Security No. 011-10-6288

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Waterson 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Dec. 16, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Swanscott, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business Compo Shoe Mach. Co.,

MOTHER FATHER { 12. Name John W. Waterson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Addie Arsy
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Waterson
(b) Address 4841 Margaretta Ave.,

17. (a) Burial (b) Date thereof Oct. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elgin, Illinois.

18. (a) Signature of funeral director Wm. A. Paschedag
(b) Address 2825 N. Grand Blvd.,
19. (a) OCT 2 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st
year 1939 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Deceased had laceration large and deep due to fractured ribs and sternebrae
Due to Ants he was driving overturned.
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 210 W.
Of operations _____
Of autopsy See above 28

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically. x

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 29 1939
(c) Where did injury occur Public place
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public place
While at work? _____ (Specify type of place) (N) Means of injury _____
23. Signature Joseph M. [Signature] (M. D. or other)
Address Deputy Registrar

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

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.....

Guy W. Wilkinson
.....
Licensed Embalmer No. 3575

P. O. Address.....

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

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