

Registration District No. 791Primary Registration District No. 1008

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Seven days
 (Specify whether years, months or days) About 3 yrs.

3. (a) PRINT FULL NAME Jonas Watley (WATLEY)3. (b) If veteran, name war no 3. (c) Social Security No. 702-07-50384. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs. Leon Watley 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased March 1st 1873
(Month) (Day) (Year)8. AGE: Years 66 Months 7 Days 12 If less than one day hr. min.9. Birthplace Nuton County Miss
(City, town, or county) (State or foreign country)10. Usual occupation Round House Rail Road11. Industry or business St. Louis & Francis R.R.12. Name Allen Watley13. Birthplace Nuton County Miss
(City, town, or county) (State or foreign country)14. Maiden name Harriott unknown15. Birthplace unknown Miss
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Leona Watley(b) Address 3129 Magazine Street17. (a) Burial (b) Date thereof Oct 13/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director J. H. Randle & Son(b) Address 3133 Bell Avenue19. (a) OCT 18 1939 (b) J. B. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3129 Magazine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13
year 1939 hour 8:20 minute P. M.21. I hereby certify that I attended the deceased from 10-6-, 1939 to 10-13-, 1939
that I last saw him alive on 10-13-, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic Pneumonia Broncho
Due to Hypertensive Heart Disease 5 yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry Estamp (M. D. or other) 1
Address 2601 N. Whitpier St. Date signed 10-16-39

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.....

J. J. Watson
.....
Licensed Embalmer No. *269A*

P. O. Address *2769 Chouteau*

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.