

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.

JAN 12 1940

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10337

1. PLACE OF DEATH: 1008 3  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (c) Name of hospital or institution: In route to hospital  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Mo. (b) County St. Louis,  
 (c) City or town Wellston, N/R  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6423a Myrtle Ave.,  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Joseph H. Watson,  
 (b) If veteran, name war World's war 3. (c) Social Security No. 493-09-7246

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 2  
 year 1939 hour 1 minute 15 A. 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 \_\_\_\_\_ Duration \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Margaret Watson 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased May 1, 1896.  
 (Month) (Day) (Year)

Lotar Freummen  
 Due to \_\_\_\_\_  
Chronic Parenchymatous  
 Due to \_\_\_\_\_  
 Other conditions Hepatitis  
 (Include pregnancy within 3 months of death)

8. AGE: Years 43 Months 7 Days I If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: 108  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Dixon, Tennessee  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Welder

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

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Alfred Watson  
 13. Birthplace Dixon, Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hetta Larkin  
 15. Birthplace Dixon, Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Watson  
 (b) Address 6423a Myrtle Ave.,  
 17. (a) burial (b) Date thereof Dec. 5/39.  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation National Cemetery  
 18. (a) Signature of funeral director Jos. W. Clark  
 (b) Address 1125 Hediamont Ave.,  
 19. (a) DEC 4 1938 (b) J. P. Budick  
 (Date received local registrar) (Registrar's signature)

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)  
 (If means of injury)  
 23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
 Address Alfred Perry Date signed 2-4-39

