

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7882**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2842 PARK AV.
(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

3. (a) PRINT FULL NAME **MARY WATTS**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, married, divorced **MARRIED**
(b) Name of husband or wife **DONALD WATTS** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **JUNE 29 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **22**
If less than one day hr. _____ min. _____

9. Birthplace **SWITZERLAND**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business **OWN.**

12. Name **UNK. VOGT.**

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

14. Maiden name **UNK.**

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

16. (a) Informant **Donald Watts**

(b) Address **2842 Park av**

17. (a) **BURIAL** (b) Date thereof **SEPT 23 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. MATTHEWS CEM.**

18. (a) Signature of funeral director **E. J. Schurr**

(b) Address **3125 Lafayette av.**

19. (a) **SEP 22 1940** (b) **J.F. Braddock**
(Date signed by registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS** **23**
(If outside city or town limits write "RURAL")
(d) Street No. **0 2842 PARK AV.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **20**
year **1940** hour **10** minute **30 p.m.**

21. I hereby certify that I attended the deceased from **4/6/36**, 19, to **9/20/40**, 19;
that I last saw him alive on _____, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis** Duration **4/6/36**

Due to: **Coronary artery disease**
Due to: **Fracture right arm** **9/24/40**

Other conditions: **Fracture right arm** **9/24/40**
(Include pregnancy within 3 months of death)

Major findings: **Myocarditis** **4/6/36** PHYSICIAN _____
Of operations: _____

Of autopsy: **None** Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence **9/24/40**

(c) Where did injury occur? **St. Louis** (City or town) (County) (State)

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

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

23. Signature **Stephen Veyan** (M. D. or other) _____

Address **3702 Park** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Harry G. Schumaker

Licensed Embalmer No. 2679

P. O. Address 732 Zenon

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.