

No. 2  
4-13-40  
5-17-39  
I X23159

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17274

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1936

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

1. PLACE OF DEATH:

(a) County Justus

(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. Louis Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution now 40  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Waterson, Thomas

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W

6. (a) Single, widowed, divorced, never

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 74 Months — Days — If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant St. Louis Home

(b) Address 3200 Woodledge

17. (a) Removal (burial, cremation, or removal) (b) Date thereof 5-16-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellvue Delud

18. (a) Signature of funeral director Hadyn Roe

(b) Address 7406 corner

19. (a) May 16, 1941 (Date received local registrar) (b) In M. Crowl (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Justus 48

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3200 Woodledge  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour 1130 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 28, 1940, 1940, to May 11, 1941, 1941; that I last saw him alive on May 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to Diabetes

Due to 61

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations 61

Of autopsy 61

PHYSICIAN

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) \_\_\_\_\_

(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 W. P. Penegans (M. D. or other) \_\_\_\_\_

Address 428 Parvite Date 5/13/41

**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.....

*Harlyn Roe*  
working under my personal supervision.

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

Signed.....

*Harlyn Roe*

Licensed Embalmer No. *2810*

P. O. Address *15 E mo*

**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, fact should be so stated above.**