

FILED OCT 7 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30302

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2641

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary Co
(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:

(a) State Missouri (b) County _____
(c) City or town ST. Louis 25 (If outside city or town limits, write "RURAL")
(d) Street No. 1424 rear Cole (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie Watson

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased: JAN 7 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation INTERIOR DECORATOR

11. Industry or business PAPPHANGING

12. Name HILLIE WATSON

13. Birthplace UNKNOWN - 9
(City, town, or county) (State or foreign country)

14. Maiden name L. H. A. Watson

15. Birthplace UNKNOWN '9
(City, town, or county) (State or foreign country)

16. (a) Informant ROSIE GEE JULANRY

(b) Address 1424 COLE

17. (a) BURIAL (b) Date thereof Sept 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD Cem.

18. (a) Signature of funeral director M. S. Dowell

(b) Address 1711 N. Taylor Ave

19. (a) SEP 23 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 41 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from August 8 to 19 41 to Sept 17 19 41;
that I last saw her alive on Sept 17 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to _____

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) (a) Means of injury _____
23. Signature Lucius S. Davis M.D. (M. D. or other)
Address 1524 Papin St Date signed 9-18-41

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

00
17
9

MOTHER FATHER

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.....

William C McDowell - , Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

P. O. Address.....

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.