S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1942

Registration District No. 7899

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 3704

Primary Registration District No. 200

Registrar's No. 196

**1. PLACE OF DEATH:**
(a) County St Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10734 Canterway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 20

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County St Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL") 1
(d) Street No. 10734 Canterway
(If rural, give location)
(e) Citizen of foreign country? o (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J Watson
3. (b) If veteran, name war ////////////////
3. (c) Social Security No. 498-09-6444
4. Sex M o
5. Color or race W
6. (a) Single, widowed, married, divorced / M
6. (b) Name of husband or wife Charlotte Watson
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan 4 1884 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 0 | 21 | ..... hr. ..... min. |

9. Birthplace St Louis Mo (City, town, or county) o (State or foreign country)
10. Usual occupation Retired Filling Station Owner
11. Industry or business
FATHER
12. Name Joseph Watson
13. Birthplace Mo (City, town, or county) o (State or foreign country)
MOTHER
14. Maiden name Mary Autobury
15. Birthplace Mo (City, town, or county) o (State or foreign country)
16. (a) Informant Charlotte Watson
(b) Address 10734 Canterway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo
19. (a) JAN 27 1942 (Date received local registrar) (b) C. H. McDaniel M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan 4 day 1942 year 1942 hour 6:57 minute P. M.
21. I hereby certify that I attended the deceased from Dec 10 1942 to Jan 10 1942 that I last saw him alive on 2 weeks ago 19..... and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy No | |

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. R. Richtarsic (M. D. or other)
Address 7649 Delmar Date signed 1-26-42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....A. C. Ortmann.....

Licensed Embalmer No. 3478

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.**