

FILED MAR 17 1942

100

Registration District No. _____

Primary Registration District No. _____

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)
 In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3676a Wilmington
(If rural, give location)
 (e) Citizen of foreign country? No. *D* (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
 year 1942 hour 9 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Jan 2 1942
 _____, 19____, to Feb 12 1942
 that I last saw him alive on Feb 12 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of bladder
urinary
 Due to _____
 Due to 52

Other conditions Acute Obstruction
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 52

Duration

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 R Berg (M. D. or other) *phd*
 Address 2253 Webster Date signed 2/12/42

3. (a) PRINT FULL NAME MRS. KATE M. WATSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hugh M. Watson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 21, 1855
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>86</u>	<u>11</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Millstone, New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Beardslee

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

14. Maiden name Katherine

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

16. (a) Informant Hugh B Watson

(b) Address 3676a Wilmington

17. (a) Burial (b) Date thereof Febr. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Beiderwieden F. Home

(b) Address 1936 St. Louis Avenue

19. (a) FE 1 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Mr. Ralph Berg
2253 Nebraska
3-5 7-9

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 *Delis J. Krupis*

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis Av

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.