

FILED SEP 18 1942 **318**

Registration District No. Primary Registration District No. **1003**

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:  
1823 Warren St. 1  
(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 50 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. 1823 Warren St.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Henry Watzlow.

3. (b) If veteran, name war.....

3. (c) Social Security No. None.

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Watzlow.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 13 1867.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>22</u>	..... hr. .... min.

9. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business.....

MOTHER FATHER { 12. Name Peter Watzlow. 4

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

14. Maiden name Unknown.

15. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Watzlow.

(b) Address 1823 Warren St.

17. (a) Burial (b) Date thereof 9-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 6 1942 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5  
Year 1942 hour 7:A.M. minute..... M.

21. I hereby certify that I attended the deceased from Sept 5 1942 to Sept 5 1942; that I last saw h. alive on Sept 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death non. Myocardial

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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)

(b) Means of injury.....

23. Signature James Ross (M. D. or other).....

Address 1918 1/2 Grand Date signed.....

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

Emmy Ross 1918E Grand  
Ce 4/11 1-3 P.m.

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 John P. Beaholz

Licensed Embalmer No. 1674

P. O. Address 2220 So. Lewis Ave.

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.