

REC'D APR 19 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution:  
Masonic Home of Missouri 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 11 mos.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Ida Hope Watson

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife E. B. Watson

6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased August 27 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 4 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John C. Hope

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

14. Maiden name Martha T. Wallace

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

16. (a) Informant Ira Lusch

(b) Address 5351 Delmar Blvd

17. (a) Burial (b) Date thereof April 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delpharley Cem.

18. (a) Signature of funeral director Chas. A. Paul

(b) Address 4457 Washington St

19. (a) APP 3 (b) J. P. Bussell  
(Date received local registrar?) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5351 Delmar Boulevard  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1943 hour 7.35 minute P. M. M.

21. I hereby certify that I attended the deceased from April 28, 1943, 19 to April 1, 1943,  
that I last saw her alive on April 1, 1943, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 Week

Due to Hypertension 4 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Don Ferguson (M. D. or other) \_\_\_\_\_  
Address 587 Grand St. Date signed 4-2-43

**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 Ketter*.....

Licensed Embalmer No. *3880*.....

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.**