

FILED MAY 6 1943

Registration District No. 597

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7127 Drury Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7127 Drury Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Malinda Ann Watters

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

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

6. (b) Name of husband or wife Napoleon Watters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 5 _____ hr. _____ min.

9. Birthplace Robertsville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name ? Wooland
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name ? Williams
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ralph Silverthorn
(b) Address 7127 Drury Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Robertsville, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) APR 22 1943 (b) C. J. McInnis (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 27, 1938, to March 10, 1940 that I last saw her alive on March 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arteriosclerosis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 17

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. T. Dummer (M. D. or other) D
Address 6917 Tyler Date signed 4/20/43

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.....

J. E. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.