

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1919 South Grand Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MARTIN ANDREW WATSON

3. (b) If veteran, name war..... 3. (c) Social Security No. 493-10-1592

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loretto Watson 6. (c) Age of husband or wife if alive 539 years
7. Birth date of deceased December 3, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 19 hr. min.

9. Birthplace Assumption Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation General Superintendent

11. Industry or business St. Louis Indepent, Pack. Co.

12. (a) Name Unknown Watson
13. (a) Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. (a) Maiden name Unknown
15. (a) Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) (b) Inmate Loretto Watson
(b) Address 1919 South Grand Blvd.

17. (a) Burial (b) Date thereof May 26th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill Cem't Bellville

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd.

19. (a) MAY 25 1943 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 South Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 1942
....., 19....., to May 22, 1943
that I last saw live (alive on 5/21/43)
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.
Due to Arteriosclerosis.

Due to.....
Other conditions Coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

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 Wm. J. Robert (M. D. or other)
Address 624 N. Grand Date signed 5/24/43

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 *William J. Hines*.....

Licensed Embalmer No. *4319*.....

P. O. Address. *St. Louis, Mo.*.....

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4820

On this 7th day of December, 1943, before me appears.....

Loretta Watson, who, upon her oath, states that the original record of ~~birth~~ death for Martin Andrew Watson, died May 22, 1943, 19....., in the State of Missouri, and which was filed at St. Louis, Mo. on 5-25-43, 19....., should be corrected as follows:

Item No. 6a should read 39 yrs.

Instead of..... 55 yrs.

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Loretta Watson Wife
Relationship.

3334 S. Broadway
Present Address.

Subscribed and sworn to before me this 7 day of Dec., 1943

My Commission expires March 4, 1945 Earl C. Johnson Notary Public.

Corrected 7-27

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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