

Registration District No.

Primary Registration District No.

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 21 days
(Specify whether
In this community 9 years
years, months or days) Lee

3. (a) PRINT FULL NAME Robert Watson

3. (b) If veteran, name war
3. (c) Social Security No. 412-03-8984

4. Sex male 5. Color or race Lee 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tennessee 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Dec 1st 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 30 If less than one day
hr. min.

9. Birthplace Tillatoba Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER
12. Name Joseph Watson
13. Birthplace Miss Miss
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Sanders
15. Birthplace Raleigh N.C
(City, town, or county) (State or foreign country)

16. (a) Informant Tennessee Watson
(b) Address 4325 Aldine Ave
17. (a) Removal (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Craigie Miss

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave
19. (a) DEC 31 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4325a Aldine (If rural, give location) 9 11
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31,
year 1943 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from December 10,
1943 to December 31, 1943;
that I last saw him alive on December 31, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (autopsy) Terminal
Exfoliative Dermatitis (autopsy) 5 weeks

Due to
Due to
Other conditions 167
(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 J. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 1/3/44

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

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.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.