S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8059

FILED FEB 13 1946

Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 1248

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

7009

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Res; 3311 Lucas Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 8 Yrs.

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") 2/17

(d) Street No. 3311 Lucas Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Icie Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col,

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 3rd, 1910 (Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 30 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business Domestic

FATHER
12. Name John Crafton
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Carrie Scott
15. Birthplace St Louis Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant J.B.Watson

(b) Address 3311 Lucas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) FEB 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1946 hour 3/45 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1945, to January 21, 1946; that I last saw her alive on January 21, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: aortic stenosis + regurg	years
mitral stenosis + regurg	
Due to Rheumatic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92

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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Keith Swilson MD (M. D. or other) MD

Address 2952 Maryland Ave Date signed Feb 4, 1946

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4198.

P. O. Address 4912 Fountain St Louis

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.