

No. 2  
M-5-43  
5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39204**  
Registrar's No. **9975**

**FILED DEC 31 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
(Specify whether)  
 In this community **50 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1114 Destrehan St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOSEPH RINGROSE WATSON**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 20th 1866**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**80 7 28 10**  
hr. min.

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

10. Usual occupation **Priest**

MOTHER FATHER

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

12. Name **Henry Ringrose Watson**

13. Birthplace **Pipperrary Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Murray**

15. Birthplace **County Cork Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jester Watson**  
**1015 Boland Pl.**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Nov. 23 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Watson-Bocklage**  
 (b) Address **6536 Clayton Rd.**

19. (a) **NOV 22 1946** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **19th** year **1946** hour **10** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **Sept. 1,** 19 **46** to **Nov. 19,** 19 **46**  
 that I last saw h. **in** alive on **Nov 18,** 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Lung**

Duration **2 yrs.**

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

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 **J. F. Bredek** (M. D. or other) **7/20/46**  
 Address **H. Humboldt Bldg.** Date signed **11/20/46**

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

SEP 4 1947

JAN 25 1951

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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

*G W Wilkinson*

Licensed Embalmer No.....

*3575*

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..