

FILED MAR 3 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:
Residence-Congress Hotel-275 Union
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis 12/17
(If outside city or town limits, write "RURAL")

(d) Street No. 275 North Union Blv'd., 9
(if rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MAUDE VODEN WATSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased August 21 1874
(Month) (Day) (Year)

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

72 5 26 hr. _____ min.

9. Birthplace Newark Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Sidney J. Vodin

13. Birthplace Trenton Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Susan Adams Vaden

15. Birthplace Tazewell Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank R. Henry

(b) Address 275 N. Union Blv'd., St. Louis,

17. (a) burial (b) Date thereof 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) FEB 18 1947 (b) J. F. Brescek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 8, 1947, to Feb 12, 1947,
that I last saw her alive on Feb 17, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Feb 3/47
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8-10-11

Major findings: Of operations _____

Of autopsy _____

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) Means of injury 0

23. Signature W. D. Brown (M. D. or other) 3/18/47
Address 3903 Ocean Date signed 3/18/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr, Sidney Brown
3903 Olive Street
JE-5600
11/26 /

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 *Raymond L. Harris*

Licensed Embalmer No. *4830*

P. O. Address *Maplewood, 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.