

No. 2  
2-45  
17-39  
X4700

FILED MAR 24 1948  
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 St. Louis, Mo.

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

(c) Name of hospital or institution:  
St. Louis City Hospital—Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME HANNAH 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 Married

6. (b) Name of husband or wife Aaron Watson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 27 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>17</u>	hr. min.

9. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name John Turnbull

13. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Douglas

15. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Watson

(b) Address 6210a Columbia Avenue

17. (a) Removal (b) Date thereof 3/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Baden, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) MAR 16 1948 (b) J. F. Prodeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oaw

(c) City or town St. Louis 2317  
(If outside city or town limits, write "RURAL")

(d) Street No. 2019a South Broadway 9  
Memorial (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1947 hour 5:32 minute A M.

21. I hereby certify that I attended the deceased from 3/11/47  
\_\_\_\_\_ 19\_\_\_\_, to 3/14/47 19\_\_\_\_;  
that I last saw h. er alive on 3/14/47 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac failure ?

Due to arteriosclerotic

Due to Heart disease

Other conditions probable pneumonia ?

(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 Albert H. Hoppe, Inc 1515 Lafayette 3/12/48  
Address Date signed

---

---

**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 Blair R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

**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.**