

FILED AUG 21 1947

318

1003

State File No.

Registrar's No.

7590

Registration District No. Primary Registration District 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:
6811 West Park 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)

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")
(d) Street No. 6811 West Park Ave.
(If rural, give location)
4
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Maggie Watson,

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

4. Sex Female 5. Color or race White 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 12 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 27 hr. min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business.....
12. Name John Watson

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

14. Maiden name Jane Minnis
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John E. Stair,
(b) Address 6811 West Park Ave.

17. (a) Burial (b) Date thereof 8-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) AUG 11 1947 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1947 hour 6 minute 0 a. m.

21. I hereby certify that I attended the deceased from Aug 2, 1947, to Aug 9, 1947,
that I last saw her alive on Aug 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 wks.

Due to arteriosclerosis & hypertension yes

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(c) 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. J. Stair (M. D. or other)
Address 3720 Washington Date signed 8-9-47

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 *Fred. Frick*

Licensed Embalmer No. **3186**

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.