

FILED SEP 20 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

31518

7966

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 906 S. Windsor
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Warren Merr Watt

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

4. Sex Male 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 November 7 1932
(Month) (Day) (Year)

8. AGE: Years 15 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Robert Watt

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

14. Maiden name Blanche Warren

15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Watt

(b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof 9-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) SEP 10 1948 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1948 hour 2:40 minute 0 a. M.

21. I hereby certify that I attended the deceased from Aug. 27 1948 to Sept 9 1948
that I last saw him alive on Sept 9 1948
and that death occurred on the day and hour stated above.

Immediate cause of death Hemorrhage

Due to Pott's operation for tetralogy of Fallot

Due to 157

Other conditions Bacterial endocarditis
(Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

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 C. O. Vermillion (M. D. or other)
Address Barnes Hospital Date signed 9/9/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 17 1968

9962

SEP 29 1968

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 Greg W Wilkins

Licensed Embalmer No. 3575

P. O. Address Jt Low 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.