

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No.

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: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2425 N. Taylor  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME James Russell Watts

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

4. Sex Male 2, race Negro 5. Color or  
6. (a) Single, widowed, married, divorced D

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

7. Birth date of deceased 9 3 48  
(Month) (Day) (Year)

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

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

10. Usual occupation.

11. Industry or business.

12. Name Gladstone Watts

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

14. Maiden name Jessie Lucille Davis  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Father M. Shepard, R.R.D.

(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof SEP 30 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) SEP 30 1948 (b) J. J. Brueck  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4  
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8:17 A.M.  
9-3-1948 to 11:30 P.M., 1948  
that I last saw him alive on 9-4-1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lungs: Atelectasis  
Spleen: Splenomegaly  
Liver: Hepatomegaly

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

Major findings:  
Of operations  
Of autopsy

Duration

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 W. J. Sikes 9-22-48  
Address 2601 N. Whittier Date signed

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

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.**