

No. 300  
10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11247

State File No. 2645

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2209			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAB - 2612 Madison</b>				d. STREET ADDRESS (If rural, give location) <b>2612 Madison</b>					
3. NAME OF DECEASED a. (First) <b>Lucy</b>			b. (Middle) _____		c. (Last) <b>Watson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 17 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec - 19 - 1884</b>		9. AGE (In years last birthday) <b>65</b> If under 1 year: Months _____ Days _____ If under 1 hr: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ark</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Robert McDowell</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Mc Dowell</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Birdie Mc Donel</b>		ADDRESS <b>2612vMadison</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<b>Hypostatic Pneumonia</b>				3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____				<b>Hypertension</b>	
DUE TO (c) _____				DUE TO (c) _____				Under	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO MO</b>		21f. HOW DID INJURY OCCUR? <b>H/H/H</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H/H/H</b>					
22. I hereby certify that I attended the deceased from <b>3/2</b> 1950, to <b>3/17</b> 1950, that I last saw the deceased alive on <b>3/17</b> 1950, and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>[Signature]</b>				23b. ADDRESS <b>4448th St</b>		23c. DATE SIGNED <b>3/19/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Mar 21</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>			
DATE REC'D BY LOCAL REG. <b>MAR 20 1950</b>		REGISTER'S SIGNATURE <b>J. B. Procter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. J. Watson</b>		ADDRESS <b>Chouteau</b>			

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

*mm*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. J. Glatton*

Licensed Embalmer No. *269 P*

P. O. Address *2769 Chouteau*

**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.