S. No. 300
v. 10.48

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

FILED JUN 3 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 48753

BIRTH NO. #101947 31699-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1843

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Louis City Hospital #1.

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
d. STREET ADDRESS (If rural, give location) 1736 Missouri Ave.,

**3. NAME OF DECEASED** (Type or Print)
a. (First) ~~BABY~~ Infant
b. (Middle) BOY
c. (Last) WATTS

**4. DATE OF DEATH** (Month) (Day) (Year) May 8th,1950

**5. SEX** male
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) single
**8. DATE OF BIRTH** May 8th,1950
**9. AGE** (In years last birthday) If under 1 year: Months, Days; If under 1 hr.: Hours 13, Min. 44

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) premature infant
**10b. KIND OF BUSINESS OR INDUSTRY** nil
**11. BIRTHPLACE** (State or foreign country) St.Louis City Hospital #1.
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** James Watts
**13b. MOTHER'S MAIDEN NAME** Watts
**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)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** M.Renard, **ADDRESS** St.Louis City Hospital #1.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anoxia — INTERVAL BETWEEN ONSET AND DEATH: <24hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prematurity
DUE TO (c)

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 ☒ NO ☐

**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) MO
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 8th, 1950, *to* May 8th, 1950, *that I last saw the deceased alive on* May 8th, 1950, *and that death occurred at* 8:40pm *m., from the causes and on the date stated above.*

**23a. SIGNATURE** S.W. Burrows (Degree or title) M.D.
**23b. ADDRESS** 1515 Lafayette Ave.,
**23c. DATE SIGNED** 5/9/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE** MAY 26 1950
**24c. NAME OF CEMETERY OR CREMATORY** Anatomical Board
**24d. LOCATION** (City, town, or county) (State)

**DATE REC'D BY LOCAL REG.** MAY 26 1950
**REGISTRAR'S SIGNATURE** J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** Rowland Mortuary Svc. **ADDRESS** ~~4104-06 Manchester~~

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

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.