

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11035

FILED MAR 19 1951

4467 State File No. 4507
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6096

BIRTH NO. 62240-50

400

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2109</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>10 2905 Bailey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedarcroft</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARRY</u> b. (Middle) <u>STEVEN</u> c. (Last) <u>WATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>Sept 12, 1950</u>		9. AGE (In years last birthday): Months <u>5</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Chas Arthur Watt</u>		13b. MOTHER'S MAIDEN NAME <u>Neve Marie Holtz</u>		14. NAME OF HUSBAND OR WIFE	
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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 ADDRESS <u>Mr Chas Arthur Watt</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congenital defects = Hydrocephalus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>with spina bifida</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>752X</u>	
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?	

22. I hereby certify that I attended the deceased from October 1950, to February 12, 1951, that I last saw the deceased alive on February 10, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Palmer Duane Bowlich M.D.</u> (Degree or title)		23b. ADDRESS <u>5800 Arsenal Street Saint Louis</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coulterville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Coulterville, Ill</u>	
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DATE REC'D BY LOCAL REG. <u>2/6/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Lomke MD</u>		25. FURNISHED BY (Name and Address) <u>Northway Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.</u>	
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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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....
Licensed Embalmer No. 40-573
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.