

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

State File No. **15229**

No. 300
10-48

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 872

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 OR TOWN <u>KOCH, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS, MO.</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>2114 WANDOLPH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBT. KOCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>WOODROW</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>WATTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-52</u>
--	------------	----------------------	------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>12-16-18</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAPERHANGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DECORATING</u>	11. BIRTHPLACE (State or foreign country) <u>LAUREL, MISS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>ALEX WATTS</u>	13b. MOTHER'S MAIDEN NAME <u>ELEANORA WARBINGTON</u>	14. NAME OF HUSBAND OR WIFE _____
--------------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNK.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KOCH RECORDS</u>	ADDRESS _____
---	-------------------------------------	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 1-1-1952 to 3-29-1952, that I last saw the deceased alive on 3-29-1952, and that death occurred at 4:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward P. Flynn M.D.</u>	23b. ADDRESS <u>Koch Hospital</u>	23c. DATE SIGNED _____
--	-----------------------------------	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>April 4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-1-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Heen</u>	ADDRESS <u>4214 Delmar</u>
--	---	--	----------------------------

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

1000
0

SW

(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 *F. L. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Colman*

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.