

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

State File No. **23013**

No. 300  
10. 48

**FILED JUN 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1589**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>St. Louis</b>	b. STATE <b>Illinois</b>	c. COUNTY <b>St. Clair</b>	d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HEIGHTS</b>	c. LENGTH OF STAY (in this place) <b>32 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>508 N 86th Street</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Mark</b>	b. (Middle) <b>Arnold</b>	c. (Last) <b>Watts</b>	(Month) <b>June</b>	(Day) <b>14</b>	(Year) <b>1952</b>

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 6, 1952</b>	<b>9. AGE</b> (In years last birthday)	<b>IF UNDER 1 YEAR</b> (Mpnths) <b>4</b>	<b>IF UNDER 12 HRS.</b> (Days) <b>8</b>	<b>IF UNDER 1 HRS.</b> (Hours) _____	<b>IF UNDER 15 MIN.</b> (Min.) _____
------------------------------	---	--	--	--	--	---	--------------------------------------	--------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Infant</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>NONE</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Belleville, Illinois</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
---	---	---	--

<b>13a. FATHER'S NAME</b> <b>UNKNOWN</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Marillyn E. Watts</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>---</b>
---	--	--

<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MARILLYN E. WATTS</b>	<b>ADDRESS</b> <b>E. St. Louis, Ill</b>
--	---	--	--

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hydrocephalus; Intestinal Obstruction</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  <b>DUE TO (b)</b> _____  <b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>May 1952</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Communicating Hydrocephalus</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>No</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>344X</b>
--	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <b>10:15 P.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	--	-----------------------------------

**22. I hereby certify that I attended the deceased from** May 1952, to June 15, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 10:15 P., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Frank A. Palazzo M.D.</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>16 Hampton Village Plaza</b>	<b>23c. DATE SIGNED</b> <b>6/14/52</b>
---	-------------------	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>June 15/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Carmel</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>East St. Louis, Ill.</b>
--	---------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>6-15-52</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert B. Donke M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John G. Kessly</b>	<b>ADDRESS</b> <b>E. St. Louis, Ill.</b>
---	--	--	---

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

(Licensed Embalmer's Statement on Reverse Side)

52W

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

*Not Embalmed*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John J. Kassy*

Licensed Embalmer No. *6855*

P. O. Address *Case St. Louis, Mo.*

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.