No. 300
10.48

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

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3901

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0614

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis Mo 3,MO,26
c. LENGTH OF STAY (In this place) Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2069
d. STREET ADDRESS (If rural, give location) 6 1382 Temple Place 0

3. NAME OF DECEASED (Type or Print)
a. (First) Josephine
b. (Middle)
c. (Last) Watt

4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 15 1865
9. AGE (In years last birthday) 87 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Scott County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael, Teehan
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE James O. Watt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records **ADDRESS** 5800 Arsenal St

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) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid 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
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4500

22. *I hereby certify that I attended the deceased from* 9/25, *19* 52, *to* 1/16, *19* 53, *that I last saw the deceased alive on* 1/16, *19* 53, *and that death occurred at* 11:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE George Eiker M.D. (Degree or title)
23b. ADDRESS 5600 Arsenal
23c. DATE SIGNED 1/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-18-53
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) Winchester, Illinois (State)

DATE REC'D BY LOCAL REG. JAN 19 1953
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington
(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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton R. H. Renelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.