

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20028
State File No. 5030
Registrar's No.

FILED JUN 4 1953

31E

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3028 Lucas	

3. NAME OF DECEASED (Type or Print) Dan	a. (First)	b. (Middle)	c. (Last) Watts	4. DATE OF DEATH (Month) (Day) (Year) May 16 1953
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 28, 1893	9. AGE (In years last birthday) Months Days 60 4 2	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (State or foreign country) Mississippi	12. COUNTRY OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Robert Watts	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dorothy Watts
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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) no	16. SOCIAL SECURITY NO. 408-12-8625	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Mae Warner 3028 Lucas
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of G. I. Tract with Abdominal Carcinomatosis 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. None		INTERVAL BETWEEN ONSET AND DEATH Undet.
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 159X

22. I hereby certify that I attended the deceased from **4-24**, 19**53**, to **5-16**, 19**53**, that I last saw the deceased alive on **5-16**, 19**53**, and that death occurred at **1:50p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin E. Brooks M. D.	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 5-18-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-20-53	24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	24d. LOCATION (City, town, or county) (State) County Mo
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DATE REC'D BY LOCAL REG. MAY 19 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. English - 1123 Taylor
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Hallam R. Williams

Licensed Embalmer No. 4926

P. O. Address 4554 Kensington St. 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.