

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1954

State File No. **6955**
Registrar's No. **2000**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS MISSOURI**

c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL**

e. STREET ADDRESS (If rural, give location) **26 1809a North Market Str. 226 1/2**

3. NAME OF DECEASED
a. (First) **MINNIE**
b. (Middle) **W.**
c. (Last) **WATZLOW**

4. DATE OF DEATH (Month) (Day) (Year) **MARCH 2, 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Aug 9, 1873**

9. AGE (In years last birthday) **80**

IF UNDER 1 YEAR Months Days
IF UNDER 2 YEARS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **William Hoermann**

13b. MOTHER'S MAIDEN NAME **Henrietta Bruswick**

14. NAME OF HUSBAND OR WIFE **Henry Watzlow**

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 AND ADDRESS **Mrs. Adele Scuras, -daughter 8352 Delmar Av.**

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) **Cerebrovascular Accident**

ANTECEDENT CAUSES
DUE TO (b) **hemorrhage involving br. left middle cerebral artery**
DUE TO (c) **Cerebral arterio sclerosis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND 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) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **2-26-54**, 19____, to **3-2-54**, 19____, that I last saw the deceased alive on **3-2-54**, 19____, and that death occurred at **10 AM**., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles Hoermann, M.D.**

23b. ADDRESS **1515 Lafayette**

23c. DATE SIGNED **3-2-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Mar. 5, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery**

24d. LOCATION (City, town, or county) (State) **Lucas Hunt Rd. St. Louis County**

DATE REC'D BY LOCAL REG. **MAR 3 1954**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS **Hy. Leidner Und. Co. 2223 St. Louis Ave.**

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.....
Signature of Student Embalmer

Signed *G. W. Wilkin*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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