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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14005

FILED MAY 13 1955

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State File No.

3838

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo			
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hamilton Nursing Home		STREET ADDRESS (If rural, give location) 5 Hamilton Nursing Home			

3. NAME OF DECEASED (Type or Print) Harry B. Watt			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1955		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1887	9. AGE (In years last birthday) 67yrs	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman Peerless Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY Peerless Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) Chatham, Ontario, Canada		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Robert Watt		13b. MOTHER'S MAIDEN NAME Martha Jarvis		14. NAME OF HUSBAND OR WIFE Florence Lillian Watt	
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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 None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Florence Lillian Watt		ADDRESS 7321 Westmoreland	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>hypertensive cardio-vascular disease</u> DUE TO (c) <u>several years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>non-union fracture hip left.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		COUNTY St. Louis		STATE Mo	
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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.) Home		21d. TIME OF INJURY 11 - 194 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall	
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22. I hereby certify that I attended the deceased from Nov. 1954, to Apr. 27, 1955, that I last saw the deceased alive on Apr 27, 1955, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl S. Hall, Jr., M.D.		(Degree or title)		23b. ADDRESS 3720 Washington, St. L.		23c. DATE SIGNED 4-29-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-55		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. APR 29 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gleason & Sons		ADDRESS Bellefontaine	
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(Licensed Embalmer's Statement on Reverse Side)

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

4

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *24*.....
P. O. Address *6176 D*.....

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.