

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25309**
Registrar's No. **6375**

FILED JUL 20 1956

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

1. PLACE OF DEATH a. COUNTY		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		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Thomas G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 21 2636 Lucas	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Watson		4. DATE OF DEATH (Month) (Day) (Year) 7-3-56	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1890
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Month 11 Day 7	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry	11. BIRTHPLACE (City and State or Foreign Country) Chattanooga, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Alex Watson	
13b. MOTHER'S MAIDEN NAME Unk now		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W W #1		16. SOCIAL SECURITY NO. 497-09-1019 A	
17. INFORMANT'S SIGNATURE OR NAME Nellie Winston		ADDRESS 2929 Washington Blvd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease with Uremia INTERVAL BETWEEN ONSET AND DEATH Undet.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-4-2x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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?			
22. I hereby certify that I attended the deceased from 6-27- 19 56 , to 7-3- 19 56 , that I last saw the deceased alive on 7-3- 19 56 , and that death occurred at 9:40a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh Waters, M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 7-5-56		24a. BURLIAL, CREMATION REMOVAL (Specify) Removal	
24b. DATE July 9, 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
DATE REC'D BY LOCAL REG. JUL 6 1956		ADDRESS 3133 Bell 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 *Esther K. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

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.