

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. 39900
Registrar's No. 9075

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

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS MO</u>		c. CITY OR TOWN <u>BRENTWOOD MO</u> <u>4511</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 Days</u>		e. STREET ADDRESS <u>1502 WITHROW</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS INFIRMARY</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) _____	c. (Last) <u>WATSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEP. 24 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15 1897</u> <u>59 yrs</u>	9. AGE (In years) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <u>FIREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BRICK YARD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CALHOUN COUNTY MISS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MATT WATSON</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS JOSEPHINE WATSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>489-14-5823</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Watson</u>	ADDRESS <u>1502 WITHROW</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	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 <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>490x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9/20/56, 1956, to 9/24, 1956, that I last saw the deceased alive on 9/20, 1956, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1324 N. Bruce St. St. Louis, Mo</u>	23c. DATE SIGNED <u>10/3/56</u>
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24a. HOSPITAL, CREMATION, OR REMOVAL (If any) <u>St. Marys</u>	24b. DATE <u>9/24/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>Likewood Mo</u>
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DATE REC'D BY-LOCAL REG. <u>OCT 4 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>St. J. Landel & Sons Funeral Home</u>
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(Licensed Embalmer's Certificate on Reverse Side)
30
177 East Ashham

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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 Heedon J. Yander

Licensed Embalmer No. 424

P. O. Address 1308 Old

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.