

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 2 9 8 1
STATE FILE NUMBER

FILED JUN 20 1957

Registration District No. **318** Primary Registration District **1003** Registrar **5563**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in 1b		STREET ADDRESS 4432 Aldine (If outside, give location)	
3. NAME OF DECEASED (Type or print) Louis		First Louis		Middle Watts	
4. DATE OF DEATH 6 12 57		Month 6 Day 12 Year 57			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH March 4, 1890		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 3 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Porter		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Starkesville, Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Spencer Watts		14. MOTHER'S MAIDEN NAME Merian	
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. 714-10-8602		17. INFORMANT Emma Watts Address 1124a Aldine	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of Lung					INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 442x DUE TO (c) 442x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Cardiovascular Disease - Arteriolar Nephrosclerosis					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-5-57 to 6-12-57 and last saw him him alive on 6-12-57 Death occurred at 7:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hugh Waters (Degree or title)		22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 6-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/17/57		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. (State) Missouri			
24. FUNERAL DIRECTOR C. B. Roone ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REG. JUN 14 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, m.d.	

(Licensed Embalmer's Statement on Reverse Side)

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vices in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *William Black*

Licensed Embalmer No. 3

P. O. Address 1221 N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.