

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020376

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1370

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-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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, give TOWNSHIP only) OR TOWN <u>Clayton Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond Heights</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>		Length of stay in 1b <u>6 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1716 BANNER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Curtis</u> Middle Last <u>Watson</u>			4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 2, 1925</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaping Gardener</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gardening</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>JAMES WATSON</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA GUY</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS WATSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-22-4825</u>	17. INFORMANT <u>James Watson 1716 BANNER</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>massive hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Trauma</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured humerus and Multiple laceration</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>lost control of car he was operating and ran onto</u>		
20c. TIME OF INJURY Hour <u>3:08</u> Month <u>5</u> Day <u>19</u> Year <u>58</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>	divider in center of street, being thrown from car		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Brentwood, Mo.</u>	COUNTY <u>400</u> STATE

21. I attended the deceased from <u>5-19-58</u> to <u>5-19-58</u> and last saw him alive on <u>5-19-58</u> Death occurred at <u>9:45</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John E. Oakley, M.D.</u>	22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	22c. DATE SIGNED <u>5-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETARY</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, County Missouri</u>
24. FUNERAL DIRECTOR <u>Charles J. Gates 4107 Finney</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-21-58</u>	26. REGISTRAR'S SIGNATURE <u>Nesbet J. Donhe Md</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Guyton Swan*

Licensed Embalmer No. *4580*

P. O. Address *4107 7th Ave*

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.