

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023859

STATE FILE NUMBER

6306

FILED JUL 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE			b. COUNTY					
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 Mo. St. Louis					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf.			Length of stay in 1b			d. STREET ADDRESS (If outside give location) 3018 Rutger St.					
3. NAME OF DECEASED (Type or print) EVA			First Middle Last Watson			4. DATE OF DEATH Month Day Year 6 19 58					
5. SEX female		6. COLOR OR RACE Col.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-1-1899		9. AGE (In years last birthday) 59			
10a. USUAL OCCUPATION (Give kind of work done during 1 year of work if retired) City Employee			10b. KIND OF BUSINESS OR INDUSTRY Matron			11. BIRTHPLACE (City and state or country) Huntsville Ala.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Brown					14. MOTHER'S MAIDEN NAME Lucy Hugins						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (specify)) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 49454438			17. INFORMANT John Watson			Address 3018 Rutger St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia--Diabetes Mellitus Multiple Abscess Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Abscess DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1			
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.) 260x								
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year											
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 June 14 to June 19 and last saw her alive on June 19. Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Walter A. Young MD						22b. ADDRESS 5337 Market		22c. DATE SIGNED 6/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-23-58		23c. NAME OF CEMETERY OR CREMATORY Father Diagon			23d. LOCATION (City, town, or county) (State) St. Louis Co				
24. FUNERAL DIRECTOR S. J. Watson			ADDRESS 2769 Chouteau			25. DATE RECD. BY LOCAL REG. JUN 20 58		26. REGISTRAR'S SIGNATURE Carl Smith MD			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *S J White*
Licensed Embalmer No. *216*

P. O. Address *77690*

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.