

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023860

STATE FILE NUMBER

6453

FILED JUL 14 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 13 yrs. 3/27	
3. NAME OF DECEASED (Type or print) Willie Watson		4. DATE OF DEATH June 22 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 12 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant		100. KIND OF BUSINESS OR INDUSTRY Hospital	
11. BIRTHPLACE (City and state or country) Rob Roy, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Wiley Watson		14. MOTHER'S MAIDEN NAME Dinah Linwood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) Yes W. W. #II		16. SOCIAL SECURITY NO. 432-16-1463	
17. INFORMANT Sam Watson		Address 5247 Cates Ave.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>stab wound of heart</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			E982x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Suffered when stabbed with knife in front of chest 2925 Dickson St. about 11:25 am, June 22nd 1958.</i>			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. HOW INJURY OCCURRED (Enter name of injury in Part I or Part II, item 8.)
20c. TIME OF INJURY Hour Month, Day, Year <i>11:26 am 6 22 58 1958</i>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>
21: I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>1200 NOON</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Patriot Taylor Carson</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6.26.58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>June 30, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>J. H. RANDLE &amp; SON 3133 Bell Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 26 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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

MEDICAL CERTIFICATION

*Mr. Taylor Carson*

---

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..... *Leroy H. Fanning*

Licensed Embalmer No. 45

P. O. Address 4251 Wood

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.