

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031084

STATE FILE NUMBER

AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7913

300
-57

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) OR TOWN St. Louis		Inside Limits Yes <input checked="" 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 Chronic Hospital		Length of stay in lb 8 weeks 259	d. STREET ADDRESS (If outside, give location) 5605 Chamberlain
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE E. WATTERS		4. DATE OF DEATH Month Day Year August 13, 1958	
5. SEX M C	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Time, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Jesse Watters		13b. MOTHER'S MAIDEN NAME Ellen Davison	
14. NAME OF HUSBAND OR WIFE Anna Watters		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. 494-36-5348		17. INFORMANT Anna Watters 5605 Chamberlain	
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>Arteriosclerotic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____			420.0
DUE TO (c) _____			
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <i>Open Heart</i>		20b. DEGREE AND NATURE OF INJURY OCCURRED (Enter nature of injury in PART I or PART II of form) <i>Arteriosclerotic heart disease that occurred in April 1958</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>9:30</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <i>James M. Kelly, Deputy</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>8-14-58</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Cremation</i>		23b. DATE <i>August 16, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Co.</i>	
24. FUNERAL DIRECTOR <i>Shepard Funeral Home-1167 Hamilton</i>		25. DATE REC'D. BY LOCAL REG. <i>AUG 14 '58</i>	
26. REGISTRAR'S SIGNATURE <i>K. Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Robert M. Murra*

Licensed Embalmer No. *3749*
P. O. Address *St. Louis*

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.