Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034803
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9219

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 1312 Montgomery — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes [ ] No [ ]

d. STREET ADDRESS (If outside, give location) 2261 1312 montgomery — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First MAGGIE Middle Last WATSON

4. DATE OF DEATH Month Sept. Day 25 Year 1958

5. SEX female 1

6. COLOR OR RACE white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH June 18, 1872

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (City and state or country) Illinois 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Webster

13b. MOTHER'S MAIDEN NAME Mary Patton

14. NAME OF HUSBAND OR WIFE John Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Jeanette Watson Address 5970 Park Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) myocardial degeneration

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL DEGENERATION — INTERVAL BETWEEN ONSET AND DEATH Unknown

hypertensive heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE HEART DISEASE — "

arteriosclerosis

DUE TO (c) ARTERIOSCLEROSIS. — "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct 1957, to Sept 25 58 and last saw her/him alive on Sept 24, 1958
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Laut (Degree or title) D.O. Wm. Laut D.O. 2

22b. ADDRESS 2617 No. 14th 2617 N. 14th St.

22c. DATE SIGNED Sept 25 58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 9/27/58

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Buchholz Mortuary ADDRESS 5967 W. Florissant

25. DATE RECD. BY LOCAL REG. SEP 25 '58

26. REGISTRAR'S SIGNATURE Earl Smith Mo MJB

(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 Wilfred F. Buchholz

Licensed Embalmer No. 4551

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.