

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038320  
State File No. 10342

FILED NOV 10 1958

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10342</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) <b>15 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - 3824 Evans Ave. #1170</b>				e. STREET ADDRESS (If rural, give location) <b>3824 Evans Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Asa</b>		b. (Middle) _____		c. (Last) <b>Watson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 25 - 58</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11-15-1915</b>	
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>10</b>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Street Worker</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / <b>Aberdeen, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Leven Watson</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Shelley</b>	
14. NAME OF HUSBAND OR WIFE <b>Rebecca Watson</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>427-07-141</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rebecca Watson</b>				ADDRESS <b>3824 Evans Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Alcoholism;</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>following consumption of two (2) 1/2 pints of liquor</b> <b>due to (c) the Flamingo Room for</b> <b>in about October 25, 1958</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>322.0</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Bar</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>10 25 58 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>6:19 P.</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:51 P.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Gus Lowe</b> (Degree or title) <b>from</b>				23b. ADDRESS <b>1309 Clark</b>		23c. DATE SIGNED <b>10/29/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-1-1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Mo.</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>OCT 29 1958</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gus Lowe - 2930 Dickson Street</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 U. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.