

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046611

STANDARD FILE NUMBER

FILED JAN 6 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3360

1. PLACE OF DEATH a. COUNTY ST Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Cty. Hosp.		d. STREET ADDRESS 1716 Banneker	

3. NAME OF DECEASED (Type or print) First JAMES Middle WATSON Last			4. DATE OF DEATH 12-20-58		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1901	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months 6 Days 14	11. UNDER 24 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter (retired)	10b. KIND OF BUSINESS OR INDUSTRY Pullman	11. BIRTHPLACE (City and state or country) Jackson, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Bruce Watson	13b. MOTHER'S MAIDEN NAME Eliza ????	14. NAME OF HUSBAND OR WIFE Anna Watson 1716 Banneker
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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. unk.	17. INFORMANT Anna Watson Address 1716 Banneker
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RETROPLEURAL PERIAORTIC METASTASES	
	DUE TO (c) ADENOCARCINOMA OF PROSTATE.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
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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
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21. I attended the deceased from **12-16-58** to **12-20-58** and last saw ^{him} alive on **12-20-58**
Death occurred at **9:20 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald D. Kelly (Signer or title) M.D.	22b. ADDRESS 601 S. Brentwood Bl.	22c. DATE SIGNED 12-20-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Gupton Swan*

Licensed Embalmer No. *4580*

P. O. Address *4107 Finney*

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.