

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023512
STATE FILE NUMBER
2 5371
Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED JUL 3 1959

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Woodson Terrace</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		Length of stay in lb hrs. _____	d. STREET ADDRESS (If outside, give location) <i>9300 Tutwiler</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GLENNON P. WATTS - (DOLAN)</i>			4. DATE OF DEATH Month Day Year <i>June 3, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 21, 1938</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>21</i>
10a. FATHER'S NAME <i>Charles W. Watts</i>		10b. MOTHER'S MAIDEN NAME <i>Inez Carrico</i>	10. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		11a. SOCIAL SECURITY NO. <i>492-34-9365</i>	11b. NAME OF HUSBAND OR WIFE <i>None</i>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of head</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		13. NAME OF INFORMANT <i>Mrs. Inez Dolan</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not allude to the criminal or sane conditions of PART I.) <i>He had a gunshot wound of about 5042</i>		14. ADDRESS <i>9300 Tutwiler</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot in the chest, 150 yds. June 2, 1959. While suffering a temporary mental aberration</i>		15. INTERVAL BETWEEN ONSET AND DEATH	
20c. TIME OF INJURY Hour Month, Day, Year <i>11:50 p.m. 6 2 59</i>		16. SOCIAL SECURITY NO. <i>492-34-9365</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17. ADDRESS <i>9300 Tutwiler</i>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Lot</i>		18. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1209</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Quinn Reg. Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>6-5-59</i>		22d. ADDRESS <i>1300 Clark</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jun. 6, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 5 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</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 *W. P. Rister*

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo.*

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.