

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038197**

**FILED VS NOV 6 1959**

**2 9938**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

EMENDED

|                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                          |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |                                                                                                                                                                      |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                                                                                                                                                   |                                                                                                           | Length of stay in 1b<br><b>55 yrs.</b>                                                                                                                      | c. CITY OR TOWN <b>St. Louis</b>                                                                                                                                     |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>                                                                                                                                 |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><b>4737 Rosa Avenue</b>                                                                                             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>WILLIAM</b> Middle <b>WILBUR</b> Last <b>WATSON</b>                                                                                                                                  |                                                                                                           |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>27</b> Year <b>1959</b>                                                                                                 |
| 5. SEX<br><b>male</b>                                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>white</b>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/31/1884</b>                                                                                                                                 |
| 9. AGE (last birthday)<br><b>75</b>                                                                                                                                                                                                     | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                | IF UNDER 24 HR<br>Hours _____ Min. _____                                                                                                                    |                                                                                                                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired chemical worker</b>                                                                                                           |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Shoe Mfg.</b>                                                                                                       | 11. BIRTHPLACE (City and state or country)<br><b>Barton County, Mo.</b>                                                                                              |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                                                                                               |                                                                                                           | 13a. FATHER'S NAME<br><b>Robert Watson</b>                                                                                                                  |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME<br><b>Amanda McMahan</b>                                                                                                                                                                                      |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><b>Lily Nebel</b>                                                                                                            |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                                                                                                | 16. SOCIAL SECURITY NO.<br>_____                                                                          | 17. INFORMANT<br>Address<br><b>Robert Watson, 4657 Wilcox Avenue</b>                                                                                        |                                                                                                                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>                                                                                           |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>46 days</b>                                                                                                                   |
| DUE TO (b) <b>Dysnephritis</b>                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                             | <b>40 days</b>                                                                                                                                                       |
| DUE TO (c) <b>600.0</b>                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic heart disease and generalized arteriosclerosis</b>                             |                                                                                                           |                                                                                                                                                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)                                                                |                                                                                                                                                                      |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____                                                                                                                                                                           | Month, Day, Year                                                                                          |                                                                                                                                                             |                                                                                                                                                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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                                                                                                                                                         |
| 21. I attended the deceased from <b>9/21/59</b> , to <b>10/27/59</b> and last saw him alive on <b>10/27/59</b><br>Death occurred at <b>7:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE<br><b>Edward W. Czernicki M.D.</b>                                                                                                                                                                                       |                                                                                                           | 22b. ADDRESS<br><b>3701 Emerald St</b>                                                                                                                      | 22c. DATE SIGNED<br><b>10/28/59</b>                                                                                                                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>                                                                                                                                                                             | 23b. DATE<br><b>Oct. 30, 1959</b>                                                                         | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b>                                                                                             | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>                                                                                   |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>                                                                                                                                                              | ADDRESS                                                                                                   | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 29 1959</b>                                                                                                          | 26. REGISTRAR'S SIGNATURE<br><b>Roan Smith, M.D.</b><br><i>R.S.</i>                                                                                                  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Frede Martenson  
3701 Grandel Square

12:30 to 4 ex. Thurs.

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.