SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019594
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4963

FILED JUN 8 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b D. O. A.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4925 Suburban Tracks — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First T. Middle J. Last Watson

4. DATE OF DEATH Month May Day 23, Year 1961

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/4/27

9. AGE (last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Plumbing Supplies

11. BIRTHPLACE (City and state or country) Forrest City, Arkansas

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

13a. FATHER'S NAME Lovie Watson

13b. MOTHER'S MAIDEN NAME Anna Belle Felton

14. NAME OF HUSBAND OR WIFE Mrs. Gloria J. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT Mrs. Gloria J. Watson Address 4925 Suburban Tracks

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Stab wound of heart; suffered in altercation in vicinity of 3900 Labadie, about 11:20 a.m. May 23, 1961,

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) between deceased and one Solomon Cheshier

DUE TO (c) (col.) Weather justifiable or Homicidal could not be determined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 982X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

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

20c. TIME OF INJURY Hour a.m. p.m. 12:20 Month, Day, Year 5-23-61

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.) street

20f. CITY, TOWN, OR LOCATION St Louis, Mo. COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J Simon Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 5/26/61

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

23b. DATE 5/27/61

23c. NAME OF CEMETERY OR CREMATORY Martha Dickson Cemetery

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

24. FUNERAL DIRECTOR Glenn & Walker — ADDRESS 4319 Delmar Blvd.

25. DATE RECD. BY LOCAL REG. MAY 26 1961

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

MEDICAL CERTIFICATION

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_____ Signed Leroy U. Bunnister

Signature of Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 4251 Washi

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.