

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-008913

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 348 Primary Registration District No. 1003 Registrar's No. 1685

FILED FEB 16 1962

VS 300
Rev. 4/59

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2 20
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis (St. Louis)</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1125 Sanford</u>		
3. NAME OF DECEASED (Type or print) First <u>Alexander</u> Middle <u>Hamilton</u> Last <u>Watts</u>			4. DATE OF DEATH Month <u>February</u> Day <u>8</u> Year <u>1962</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-19-1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas G. Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Honora Keane</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Mae Watts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Virginia L. Watts 1125 Sanford, St. Louis Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO (b) <u>Arteriosclerosis Heart Disease</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>5 wks.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour a.m. p.m. Month, Day, Year	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	
21. I attended the deceased from <u>1950</u> to <u>present</u> and last saw him alive on <u>1/21/62</u> . Death occurred at <u>1 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u> Ross B. Sommer M.D.</u> (Degree or title)			22b. ADDRESS <u>100 N. Euclid</u>		22c. DATE SIGNED <u>2/9/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb. 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis County Missouri</u> (State)			
24. FUNERAL DIRECTOR ADDRESS <u>C.R. Lupton and Sons 7233 Delmar Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>FEB 9 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>		

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Ross Sommers
100 N. Euclid
1:00 to 5:00 P.M. Friday

Alex Watts
City Vise....

(St. Louis)

insured

also of

1122 Broadway

St. Louis

February 2, 1933

attest

notary

Alexander

27 2-19-1933

X

Miss

St. Louis Missouri

Miss

Reside at

St. Louis

St. Louis

Notary Public, St. Louis, Mo.

no

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

Clarence H. Murray

Licensed Embalmer No. 4011

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 this body is not embalmed, fact should be so stated above.

St. Louis and some other cities