

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 28 1935

30655

1. PLACE OF DEATH

County St Louis Registration District No. 790
Township Central Primary Registration District No. 60339
City Clayton (No. St Louis County Hospital Ward)

File No. _____
Registered No. 282

2. FULL NAME

(a) Residence, No. 6510 Levee St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W - 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar - btm
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-35
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo

FATHER 13. NAME Ira S. Scarlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER 15. MAIDEN NAME Hertie Hamber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Mo

17. INFORMANT (ADDRESS) Father - Malcolm

18. BURIAL, CREMATION, OR REMOVAL PLACE See See Cem DATE 9-29 1935

19. UNDERTAKER (ADDRESS) Baumann Bros Inc
Overland Mo.

20. FILED 9/30 1935 D. A. Signorilli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1935, to 9-28 1935
I last saw him alive on 9-25 1935. Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:

1. Supra-renal hemorrhage
2. Dehydration
3. Infection
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. W. Schelling M. D.
(Address) St Louis Co. Hosp

