

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

Do not use this space.

DEC 3 1936

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 49269
 Township 5828 Minerva Primary Registration District No. 1003 Registered No. 11378
 City St. Louis Mo (No. 5828 Minerva Ave) St. _____ Ward _____

2. FULL NAME

Still born Scott
 (a) Residence, No. 5028 Minerva l. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-12-36</u>		
7. AGE	YEARS	MONTHS
<u>4 mo</u>	<u>36</u>	
OCCUPATION	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) <u>11-12-36</u>	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) <u>5828 Minerva</u> (STATE OR COUNTRY) <u>St. Louis Mo</u>	
FATHER	13. NAME <u>Un Known</u>	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Miss Kate Sybil Scott</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>dearburg Mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Kate Sybil Scott</u> (ADDRESS) <u>5028 Minerva</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Interisfeld</u> DATE <u>Nov 18 36</u>		
19. UNDERTAKER <u>Peety Brothers</u> (ADDRESS) <u>3027 Lafayette</u>		
20. FILED <u>NOV 16 1936</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12-36

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1936, to 11-12, 1936
 I last saw h. 11-12 1936 alive on 11-12 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
4 mo miscarriage
Stillborn
 Date of onset _____

Other contributory causes of importance: _____

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 _____, 19 _____
 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) W. M. Wynn M. D.
 (Address) 4527 Taylor

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100-57-100-35

