FEB 23 1937

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

Do not use this space.

File No. 2897
Registered No. 19

1. PLACE OF DEATH
County: St. Louis
Township: Ferguson Twp.
City: ST. LOUIS COUNTY (No. BRIDGETON MO St. Ward)
Registration District No. 333
Primary Registration District No. 4468

2. FULL NAME: LOUISE M. SCOTT

(a) Residence, No. BRIDGETON MO 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: FEMALE
4. COLOR OR RACE: COLORD
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: BYRON SCOTT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 14TH, 1880

7. AGE: Years 56 | Months 10 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NIL
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): BRIDGETON MO

FATHER
13. NAME: UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN UNKNOWN

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN UNKNOWN

17. INFORMANT: ORCELLUS BOWEMAN
(ADDRESS) BRIDGETON MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE: BRIDGETON CEMETERY DATE: FEB 2ND, 1937

19. UNDERTAKER: A. L. BEAL UND CO
(ADDRESS) 2726 LUCAS AVE

20. FILED: 2-2, 1937 W. A. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936 to Jan 25, 1937
I last saw h. alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Immediate Cause of death	

Other contributory causes of importance:

Mitral Insufficiency	Unknown
Hypertension	
Myocardial Weakness	

Name of operation: None Date of:
What test confirmed diagnosis: Autopsy
Was death from accident, suicide, or homicide? No

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? No
If so, specify
(Signed) T. L. Wolfner, M. D.
(Address) 9092 Jefferson

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.

Ora B. Smith