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

Do not use this space.

FEB 8 1937

791

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 3320

Township ..... Primary Registration District No. 1003 Registered No. 348

City St. Louis, Mo. (No. 40 No. Kingshighway 2 St. ..... Ward)

2. FULL NAME Leslie Fletcher Scammell

(a) Residence, No. Parkview Hotel St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ———

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Dealer

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) St. Louis Missouri

FATHER

13. NAME Henry B. Scammell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worester Mass.

MOTHER

15. MAIDEN NAME Martha Trotter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrolton Missouri

17. INFORMANT (ADDRESS) Elizabeth Thompson 7408 York, Dr., Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo. Crematory DATE Jan. 11th, 1937

19. UNDERTAKER (ADDRESS) C. R. Lupton + Sons 4449 Olive Street

20. FILED JAN 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Jan 9, 1937

I last saw him alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset Jan 4

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical Ex. Was there an autopsy? 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) [signature], M. D.

(Address) 601 Ansing Chief Bldg.

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.

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