MAY 7 1937

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

Do not use this space.

14830

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4326

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

City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Charles Scott

(a) Residence, No. 1525r Franklin St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Col.

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) Jan. 19, 1861

7. AGE 37

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	2	19	

OCCUPATION

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

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) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 4-13 1937

19. UNDERTAKER (ADDRESS) W. Richter 3500 Rutger St

20. FILED APR 26 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9- , 1937, to 4-8- , 1937

I last saw him alive on 4-8- , 1937. Death is said to have occurred on the date stated above, at 6:50 m. p. m.

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

	Date of onset
NEUROSYPHILIS	3-9-37

34

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.

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.

243 2 31 31

I X9314