

JAN 24 1938

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

46682  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789  
(b) Township St. Ferdinand Primary Registration District No. 6033  
(c) City Central (d) Street No. 4200a Oakwood St.  
(e) Length of residence in city or town where death occurred 82 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Euphemia E. Scales

(a) Residence, No. 4200a Oakwood St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Jan. 15, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) NOV. 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Thomas H. Scales

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poloski, Tenn.

MOTHER 15. MAIDEN NAME Euphemia Morrison

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

17. INFORMANT (ADDRESS) Mary S. Hancock 4200a Oakwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 12/20/37

19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly 1416 N. Taylor Ave.

20. FILED 12/20-37 Eda Boehmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Dec 18, 1937  
I last saw h. alive on Dec 17, 1937. Death is said to have occurred on the date stated above, at 12:00 m.  
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis  
930

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  
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) Robert D. ... M. D.  
(Address) 4743 Malone Bldg. St. Louis

No. 5 - 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.

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**