

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

306
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Des Loge Hospital** St. **St.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Fred P. Scott 800**
 (a) Residence, No. **4152 Natural Bridge Ave** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Connelley**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6th 1874**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **63 9 29**
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Manager Carpet Co**
 9. Industry or business in which work was done, as 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) **St. Louis Missouri**
 FATHER 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**
 MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 17. INFORMANT (ADDRESS) **Margaret Scott 4152 Natural Bridge Ave**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 7th 1938**
 19. FUNERAL DIRECTOR (ADDRESS) **Stroot-Carroll 4600 Natural Bridge Ave**
 20. FILED **JAN 5 1938** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/7 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **10/20**, 19**37**, to **1/3**, 19**38**
 I last saw him alive on **1/3**, 19**38**. Death is said to have occurred on the date stated above, at **3:00** p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Pecto-regionoid junction with generalized carcinoma tasis
 Date of onset
 Other contributory causes of importance: **Ht.**
 Name of operation **Palliative resection** Date of **11/7/37**
 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) **A. C. Foster**, M. D.
 (Address) **1325 S. Grand ave**

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,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed *John H. Wood*
Licensed Embalmer No. *2265*

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.)