

REC'D MAR 14 1938

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

4694
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **1339**
(c) City St. Louis Mo (d) Street No. **BARNES HOSPITAL** 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

Ruth Scott 300
(a) Residence, No. Harrisburg Ill St. **[M]** Harrisburg Ill
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1-9-1938 to 2-5-1938, 1938.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1904

I last saw him alive on 2-5-1938, 1938. Death is said to have occurred on the date stated above, at 2:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 14

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

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

Subacute Bacterial Endocarditis

Date of onset

10-1-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galatia Ill.Other contributory causes of importance: Anemia 1938

FATHER 13. NAME W. H. Dickerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Ill.

MOTHER 15. MAIDEN NAME Lily Kettinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adonah Ill.

17. INFORMANT (ADDRESS) Don Scott Harrisburg Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE Galatia Ill. DATE 2-5 193819. FUNERAL DIRECTOR (ADDRESS) Courtney J. ... Galatia Ill.20. FILED J. Bredeck Local Registrar.Name of operation None Date of ...
What test confirmed diagnosis? Blood Cult. 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 B-H-Charles, M. D.
(Signed) B-H-Charles
(Address) ...

FEB 5 1938

STATEMENT BY LICENSED EMBALMER

I, Howard G Rowland

Licensed Embalmer No. 3114

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

John Ketter

L. E.

No. 3880 or by

Registered Apprentice No.

working under my personal supervision.

Signed

Howard G Rowland

Licensed Embalmer No. 3114

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.)