

REC'D APR 1 1938

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

8873

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City Saint Louis (d) Street No. St. Marys Infirmary 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.

791

1003

Registered No. 2462

2. PRINT FULL NAME Cora Scott 300

(a) Residence, No. 8120 Dale Avenue St. NR RICHMOND HEIGHTS  
(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. ~~MARRIED~~ WIDOWED, OR DIVORCED  
HUSBAND OF Henry Scott  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress  
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) November 1937 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Creve Coeur  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Mack Hamilton

14. BIRTHPLACE (CITY OR TOWN) Creve Coeur  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emma Music

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

17. INFORMANT Sadie Callander  
(ADDRESS) 2716 Walnut Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Father Dickson DATE March 13, 1938

19. FUNERAL DIRECTOR: Charles G. Bates  
(ADDRESS) 4107 Finney Avenue

20. FILE MAR 13 1938 W. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1938, to March 9, 1938

I last saw h. or alive on March 9, 1938 Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Coronary Heart Failure  
caused by hypertension  
(no other heart disease)

Date of exam 2nd

Other contributory causes of importance:

Hypertension 102, 1 yr

Name of operation None Date ofWhat 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) W. Bredeck, M. D.(Address) 2516a Market Street,

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

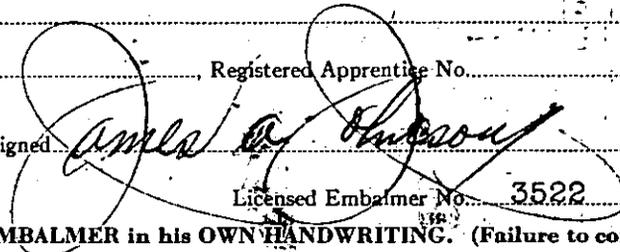
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

**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.)**