

DEC'D MAY 10 1938

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

12529  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 3412 Franklin Ave 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**

Isaac Scott 300  
3412 Franklin Ave St. 21  
 (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 Colored 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) About 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
About 73

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardener  
 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) Decoy, Co. Ark.

FATHER 13. NAME Charleton Scott.

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

MOTHER 15. MAIDEN NAME Mary Ann ?

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

17. INFORMANT Mrs. Farmer,  
 (ADDRESS) 4425 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenwood Cem DATE 4/21/38

19. FUNERAL DIRECTOR Mepowell Funeral Home  
 (ADDRESS) 2506 Franklin Ave

20. FILED APR 2 1938 J. D. Brudney (Address) 3410 Franklin Ave.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 24, 1938  
 I last saw him alive on March 24, 1938 Death is said

to have occurred on the date stated above, at 5:45A  
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

LaGrippe

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

What test confirmed diagnosis? Tothocoo 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....., 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) Jas M Bracy, M. D.

(Address) 3410 Franklin 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.

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

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: William C. McDowell

Licensed Embalmer No. 2114

**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.)**