

REC'D SEP 12 1938

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

27160

Do not use this space.

7174

1. PLACE OF DEATH

(a) County ST. LOUIS, MO Registration District No. 1008
 (b) Township _____ Primary Registration District No. _____
 (c) City ST. LOUIS, MO (d) Street No. 2412 Biddle 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

Laura May Scuggs (Baby) (g) 1020
 (a) Residence, No. 2412 Biddle St. 21 (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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1/2

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

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) ST. LOUIS, MO.
 (STATE OR COUNTRY)

13. NAME CHARLES SCRUGGS

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

15. MAIDEN NAME Josephine Henley

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

17. INFORMANT Charles Scuggs
 (ADDRESS) 2412 Biddle

18. BURIAL, CREMATION, OR REMOVAL
 PLACE GREENWOOD DATE AUG. 13 1938

19. FUNERAL DIRECTOR (NAME) A. H. BEAL
 (ADDRESS) 2726 LINDSAY ST.

20. FILED 8261 E 5th J. F. Biddle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-9-1938, 1938, to 8-12-1938, 1938

I last saw him alive on 8-12-1938, 1938. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

acute Bronchitis

Date of onset
8-8-38

Other contributor causes of importance:

No other cause

Full term - no birth injury

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 _____, 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) By Edward Bell M. D.

(Address) 2901 Calhoun ave.

047
 AUG 13 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by Cassius Pendleton

Registered Apprentice No. 125....., working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.