

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37410
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. 1003
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. Wm. B. Phillips St. 9737
(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 WILLIS SCOTT

(a) Residence, No. 2202 Wash St. 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOW, DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 Mo 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) Camden, Ark.

FATHER 13. NAME George Scott.

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

MOTHER 15. MAIDEN NAME Lucille Moten.

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

17. INFORMANT Willie Moten
(ADDRESS) 2202 Wash St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Ark DATE Nov-16, 1938

19. FUNERAL DIRECTOR (NAME) F. L. Garner 11-12-38
(ADDRESS) 2829 Washington Blvd.

20. FILE NO. NOV 10 1938
J. J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Generalized Diffuse Peritonitis penetrating quadrants of abdomen, ruptured when shot with gun in hands of one of Moten (Col), while Moten & deceased were playing in home at 21.33 Chestnut Street

Other contributory causes of importance: About 1:15 P.M. November 4, 1938

Name of operation..... Date of.....
When test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 11/4/38 19 38
Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury See Above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. J. Bredek M.D.
(Address) Deputy Coroner

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

or by _____

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

Signed _____

Arthur L. Heilbard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

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.