

REC'D JUN 12 1939

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

17050

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City St. Louis (d) Street No. Lutheran 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.

Registered No. **4584**

2. PRINT FULL NAME

340 Robert J. Scott
(a) Residence, No. 4055 Hartford St. St. **16**
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. City Ice & Fuel
10. Date deceased last worked at this occupation (month and year) about 3 weeks ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis Mo. 013. NAME Peter Scott14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Holland15. MAIDEN NAME Louise Unknown16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Holland17. INFORMANT Rose M. Scott
(ADDRESS) 4055 Hartford St.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum 5-20, 193919. FUNERAL DIRECTOR (NAME AND ADDRESS) Kriegshauser Montuarie
4228 So. Kingshighway20. FILED MAY 19 1939 J. B. Budick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 193922. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939 to May 17, 1939

I last saw him alive on May 17, 1939. Death is said to have occurred on the date stated above, at 11:20 m. A. M.

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

Duodenal ulcer 20 yrs.
Massive hemorrhage 36h.

Other contributory causes of importance:

Left parotitis
not mumps

Name of operation Funary pathology Date 5-2-39What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) Eugene A. Vogel, M. D.(Address) 5325 S Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X 18625

Dr. Eugene Vogel
3225 No. Duane
2-4

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 Eduard M. Gerwath
Licensed Embalmer No. 3024
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.