

AUG 11 1939

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

23705  
Do not use this space.  
5978

## 1. PLACE OF DEATH

(a) County ..... / ..... Registration District No. **791**  
(b) Township ..... / ..... Primary Registration District No. **1003** Registered No. ....  
(c) City St. Louis (d) Street No. Missouri Pacific 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.

2. PRINT FULL NAME **300** Luther F. Scott

(a) Residence, No. Warwick Hotel, 1428 LOCUST St. **25** ' .....  
(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) **Single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 6, 1865**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**73 10 29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Conductor**  
9. Industry or business in which work was done, as saw mill, bank, etc. **M & O R. R.**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) **Olney** 1  
(STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **John Calvin Scott** 9  
14. BIRTHPLACE (CITY OR TOWN) **Unknown** 9  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Thatcher**  
16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

17. INFORMANT **Missouri Pacific Hospital**  
(ADDRESS) **1755 South Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Valhalla Crematory** DATE **July 7, 1939**

19. FUNERAL DIRECTOR **Robert J. Ambruster**  
(ADDRESS) **Clayton Rd. at Concordia Lane.**

20. FILED **JUL 7 1939** **J. B. Brudick**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-5** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **June 26** 19 **39** to **July 5** 19 **39**  
I last saw h.t.m. alive on **July 5** 19 **39** Death is said to have occurred on the date stated above, at **6:45 A.M.**

The principal cause of death and related causes of importance were as follows:  
**Carcinoma of Tongue - Metastases**  
**Pathological Fracture of Ribs**  
**Left Hemiplegia (7-9 rib-left)**  
**Fract. ribs due to fall at home 6-25-39**  
**caused by hemiplegia**  
**Other contributory causes of importance:**  
**Senility**

Name of operation **H5** Date of operation .....  
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) **J. B. Brudick** M.D.  
(Address) **Missouri Pacific Hospital**

(7791-11)

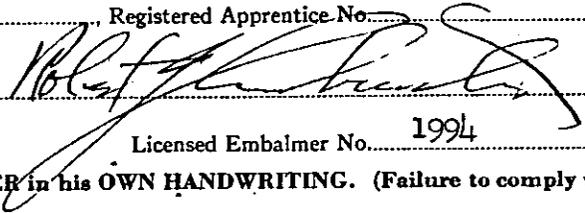
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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed:  \_\_\_\_\_  
Licensed Embalmer No. 1994

**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.)**