

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 6-17-39 I X1031

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.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4069 Flad Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4069 Flad Ave years, months or days

3. (a) PRINT FULL NAME William A. Scott
3. (b) If veteran, name was None 3. (c) Social Security No. 488-03-1080

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Scott 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September 12 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business United Shoe Machinery Co

MOTHER { 12. Name William Scott
13. Birthplace Missouri
14. Maiden name Gene Hunter (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Scott
(b) Address 4029 Flad Ave

17. (a) Burial (b) Date thereof March 12 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City Mo

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAR 11 1940 (b) J. F. Buduh (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4069 Flad Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10th day March
year 1940 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 1930 to March 10, 1940
that I last saw him alive on March 9, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration 3 yrs

Due to arteriosclerosis, coronary occlusion, chronic
Due to nephritis 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (e) Means of injury _____
23. Signature Carl Alphons (M. D. or other) _____
Address 3248 Lafayette Date signed 3/11/40

Dr. Alvinhaus
3248 Lafayette Ave
Grand 7402

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.....

Francis J. Owens

Licensed Embalmer No..... *2245*

P. O. Address..... *St Louis Mo*

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.