

JUN 15 1940 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Westmoreland Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Walter Scott Scott
300
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August 31 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 8 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business _____

MOTHER FATHER
12. Name William Poston Scott
13. Birthplace Washington Co Va
(City, town, or county) (State or foreign country)
14. Maiden name Martha Minor Hall
15. Birthplace Fredericksburg Va
(City, town, or county) (State or foreign country)

16. (a) Informant Nathalie Scott Simpkins
(b) Address 5 Westmoreland Place

17. (a) Burial (b) Date thereof May 11th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co

(b) Address 3621 Olive St.

19. (a) MAY 10 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limit, write "RURAL")
(d) Street No. 5 Westmoreland Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Oct 14, 1921, to May 9th, 1940
that I last saw him/her alive on May 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Papillary carcinoma
Due to: 70 yrs duration

Due to: _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations: _____
Of autopsy: _____

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 [Signature] (M. D. or other) _____
Address 515 Wallace Bldg Date signed May 10 40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

Neville B. Prohwitter

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive 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.