

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16966

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4444

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME CARRIE SCOTT 300

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years abt. 72 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace NATCHETS MISS
(City, town, or County) (State or foreign country)

10. Usual occupation NONE

11. Industry or business !

12. Name UNKNOWN

18. Birthplace MISS
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
(City, town, or county) (State or foreign country)

15. Birthplace MISS
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta McGee

(b) Address 2625 REAR FRANKLIN

17. (a) Burial (b) Date thereof 5-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director ACKINS - BROS

(b) Address 3644 FINNEY AVE

19. (a) MAY 19 1940 (b) J. D. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 R Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from May 7, 1940 to May 16, 1940;
that I last saw her alive on May 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Neck (Cause unknown) Abt 2-3 mos
Senility

Due to _____

Due to _____

Other conditions 152
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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 Richard E. Hackney M. D. or other _____
Address 2601 N Whittier Date signed _____

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney A

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.