No. 2
4-13-40
5-17-39
P I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39863

DEC 11 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2312

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 11/13/40 (Specify whether years, months or days)
In this community Same 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 1717 Edison Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SCOTT, James M.
3. (b) If veteran, name war Indian War
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Scott
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April (Month) 11 (Day) 1857 (Year)
8. AGE: Years 83 Months 8 Days 26 If less than one day hr. min.
9. Birthplace Eaton (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Steelworker
11. Industry or business
MOTHER FATHER
12. Name William A. Scott
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Hannah Thompson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Scott
(b) Address Granite City, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/8/40 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City, Ill.
18. (a) Signature of funeral director Albert H. Oppe
(b) Address 4700 Washington Ave.
19. (a) DEC 9 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 11/13, 1940, to 12/7/, 1940 that I last saw him alive on 12/7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, myocardial damage, mitral valve damage, ~~Due to~~ auricular fibrillation and myocardial insufficiency. Duration

Due to and pronounced general arteriosclerosis.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
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? (Specify type of place)
While at work? Means of injury
23. Signature C. W. Hughes C. W. Hughes M.D. (M. D. or other)
Address Chief Medical Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.