

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10613**

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

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis

(c) Name of hospital or institution: 3618 Russell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULLNAME Scott McWilliams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased May 2, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 21 If less than one day
hr. _____ min. 1

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

10. Usual occupation Salesman

11. Industry or business Retired

12. Name James McWilliams

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Phillips

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

16. (a) Informant Elizabeth McWilliams
(b) Address 3618 Russell

17. (a) Removal (b) Date thereof 12/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dundas, Illinois

18. (a) Signature of funeral director R. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) DEC 24 1940 (b) J. F. Bredeck
(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. 3618 Russell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec-23-
1940 to Dec-23-
1940 that I last saw him alive on Dec-23-
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to Had been affected
with galasin agitancy

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

Major findings: Of operations 100

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 J. F. Bredeck (M. D. or other) _____
Address 2502 Grand Date signed 12-24-40

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 *L. R. Casper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.