

2
3-40
7-39
X23159

Registration District No. 1791

Primary Registration District No. 1003

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: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 113 S. Beaumont
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mitchell Scott

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 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 March 28, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

12. Name Isaac Scott

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

14. Maiden name Unknown

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

16. (a) Informant Mitchell Scott Jr.

(b) Address 2619 R. Walnut St.

17. (a) Burial (b) Date thereof Feb. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesterfield Mo.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) FEB 20 1941 (b) J. F. Brested
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1941 hour 4:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from January 21, 1941 to February 15, 1941, that I last saw him alive on February 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

Indef.

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 0

23. Signature H. J. Evers (M. D. or other) _____

Address 2608 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.....

W. William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.

2119

P. O. Address.....

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.