46
. No. 2
—1-4-41
5-17-39
I X26390

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16690

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4208

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")
(d) Street No. 5040 Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edith Scott

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William W.

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

7. Birth date of deceased March (Month) 29 (Day) 1873 (Year)

8. AGE: Years 68 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Duffy
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Eliza Buchanan
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Thelma Sutton
(b) Address 5040 Lotus Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway Blvd.

19. (a) (Date received local registrar) (b) J. C. Bredick (Registrar's signature)

MAY 19 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18. year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from May 1. 1941, to May 18. 1941 that I last saw her alive on May 18. 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CHRONIC MYOCARDITIS.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury

23. Signature Harold Friedman M.D. (M. D. or other)
Address 1515 Lafayette Ave. Date signed 4/19/41

(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.....

Licensed Embalmer No. 2971

P. O. Address.....

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

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