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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19015

Registration District No. 784 | Primary Registration District No. 210 | Registrar's No. 1041

1. PLACE OF DEATH:

(a) County: St. Louis Co.

(b) City or town: Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Convent of Immaculate Heart
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis Co.

(c) City or town: Normandy.
(If outside city or town limits, write "RURAL")

(d) Street No.: 7627 Natural Bridge Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mary Scott

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

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Single

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

7. Birth date of deceased: July 28, 1860 (Month) (Day) (Year)

8. AGE: Years 80 | Months 9 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Millwood (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Frank Scott
13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret White
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. M. O'Brien
(b) Address: Silex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Millwood, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.

19. (a) MAY 15 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day May year 1941 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 14, 1941 to May 13, 1941 that I last saw her alive on May 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia - Uremia Coma	1 mo.
Myocardial failure-general	
Anasarca.	
Due to Cardio-Vascular Renal disease	
Myocarditis-Endocarditis-Arterio sclerosis.	
Other conditions (Include pregnancy within 3 months of death) Int. Nephritis. Blind in left eye. Senile dementia.	

Died in Immaculate Heart Convent.

Major findings: Of operations: None

Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence: No

(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? No (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)

Address: 3718 Jennings Rd. Date signed 5/13/41

(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 Welford G. Burnley

Licensed Embalmer No. 4262

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, above space should be left blank.