

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8130

1. PLACE OF DEATH: 791

(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: FIRMIN DESLOGE HOSPITAL 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 006

(a) State. MISSOURI (b) County. 19

(c) City or town. ST. LOUIS 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5311 BANCROFT.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RUSSELL SCOWN

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

3. (c) Social Security No. 497-18-8320

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 41 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9-21-41 to 10-9-41
that I last saw him alive on 10-9-41 and that death occurred on the date and hour stated above.

4. Sex. MALE 5. Color or race. WHITE

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

6. (b) Name of husband or wife. FLORENCE SCOWN

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased. DECEMBER 22 1903
(Month) (Day) (Year)

Immediate cause of death
Rheumatic Heart Disease 26
Mitral, Aortic Valvulitis 4 yr.

Due to.....

Due to.....

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

8. AGE: Years 37 Months 9 Days 17 hr. min.

9. Birthplace. ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. Carpenter

11. Industry or business. Zemitzsch Decorative Co.

12. Name. EDWARD SCOWN

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

14. Maiden name. MATHILDA SCHULER

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

PHYSICIAN

Major findings: Of operations. Of autopsy. Rheumatic Heart Disease Pulmonary embolism

Underline the cause to which death would be charged statistically.

16. (a) Informant. Florence Scown

(b) Address. 5311 Bancroft Av.

17. (a) BURIAL (b) Date thereof. OCT 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SUNSET BURIAL PK.

18. (a) Signature of funeral director. E. J. Schmun

(b) Address. 3125 Lafayette Av.

19. (a) OCT 12 1941 (Date received local registrar)

(b) J. F. Brueck (Registrar's signature)

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?.....

23. Signature. Wayne W. Ford (M. D. or other) M.D.
Address. 2704 N. Grand Date signed. 10-10-41

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed *Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.