

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED NOV 24 1941

3357100
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 1820 Carr St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MIKE SCOTT

(a) Residence; No. 1820 Carr St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 0 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Jobber
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenhill, Miss.

FATHER 13. NAME Not known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Not known

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Jessie May Cohen 1820 Carr St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Wood DATE 10-28 1941

19. FUNERAL DIRECTOR (ADDRESS) 90 Buchanan 2625 Glasgow

20. FILED J. J. Bredt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-41 1941
22. I HEREBY CERTIFY, That I attended deceased from October 10, 1941, to October 24, 1941.
I last saw him alive on Oct-24, 1941. Death is said to have occurred on the date stated above, at 9-A.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency 6 Mo
Myocarditis 92 1 Yr

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. W. Moore M. D.
(Signed) W. W. Moore
(Address) 1418 Franklin, St. Louis, Mo

OCT 26 1941

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

W. Richards

Licensed Embalmer No. 2928

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.)