

Registration District No. _____

Primary Registration District No. 210

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Visitation Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8220 - Madison Ave!
(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:

(a) State Missouri (b) County St. Louis
(c) City or town Visitation Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8220 - Madison Ave!
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 5
April 5 1942 to April 6 1942
that I last saw him alive on April 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hrs
Due to Arteriosclerosis
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death) None

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature C. E. Stelling (M. D. or other) M.D.
Address 2050 N. 10th St. St. Louis Date signed 4-6-42

3. (a) PRINT FULL NAME EDWARD G. SCOTT

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Uerna 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: July 27 (Month) (Day) 1893 (Year)

8. AGE: Years 68 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Quincy, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation humber heater

11. Industry or business Self

12. Name Israel Scott

13. Birthplace Quincy, Indiana (City, town, or county) (State or foreign country)

14. Maiden name Olivia F. Smith

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

16. (a) Informant Uerna A. Scott

(b) Address 8220 - Madison Visitation Park Mo

17. (a) Removal (b) Date thereof 4-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Morenci, Mich.

18. (a) Signature of funeral director Sturges Funeral Home, Inc.

(b) Address 2546 Woodson Rd. Overland, Mo.

19. (a) APR 9 1942 (Date received local registrar) (b) C. E. Stelling (Registrar's signature)

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

MOTHER FATHER

707

(Licensed Embalmers' 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 *W. G. Peterson*.....

Licensed Embalmer No. *3967*.....

P. O. Address. *Overland M.*.....

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.