No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12096

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 765

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CCC Warehouse 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town Wentzville 0
(If outside city or town limits, write "RURAL")

(d) Street No. CCC Camp 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Orville O. Scott

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Lena Unknown

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABT 46 Unknown hr. min.

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

10. Usual occupation CCC Enrollee

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant CCC Records R. L. Miller
(b) Address Jefferson Barracks

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 5. 42 (Month) (Day) (Year)
(c) Place: burial or cremation SPICKARD, MO

18. (a) Signature of funeral director C. Hoffmeister Ur L Co
(b) Address 7814 S. Broadway

19. (a) APR 4 1942 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1942 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 4, 1942, to April 4, 1942;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Unknown
Due to Unknown causes	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
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) NONE
(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 0

23. Signature James W. Fonda (M. D. or other)
Address Jefferson Barracks, Mo. Date signed 4-4-42

707 (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 Edw. H. Leibinger

Licensed Embalmer No. 4044

P. O. Address 6464 Chippewa

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.