

3 No. 2
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P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26191

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7745

1. PLACE OF DEATH:

(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days 7 Hrs. 9 min
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 922
(d) Street No. 237 S. Leffingwell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 42 hour 6 minute 20 p. M.
21. I hereby certify that I attended the deceased from 7 - 20
_____, 1942 to 7 - 25, 1942
that I last saw him alive on 7 - 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acrania
Duration _____
Due to Unknown
Due to Unknown

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

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)
(a) Means of injury _____
23. Signature J. F. Busch (If other) _____
Address 2601 N. Whittier St. Date signed 8-24-42

3. (a) PRINT FULL NAME Robert Ozell Scott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 race Negro 5. Color or _____
6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased 7 20 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
NB 5 7 hr. 09 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ozell Scott

13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Sue Willa Deal

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Algie F. Doney

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof AUG 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director J. F. Busch

(b) Address City Health Dept

19. (a) AUG 26 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

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

844 (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.....

Licensed Embalmer No.....

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, fact should be so stated above.**