

FILED JAN 14 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 59

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4225 West Pine Blvd.
(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.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4225 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Scott
3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 12 minute 50 P.M.

4. Sex. Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. George W. Scott 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June 1, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 23, 1942, to Jan 3, 1943, that I last saw her alive on Jan 3 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 7 3 hr. min.

Immediate cause of death Respirator Failure
Duration

9. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)

Due to Melanotic Carcinoma of Brain
Due to Obstruction of Uremia, Bladder

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations Cysto- PHYSICIAN

MOTHER FATHER { 12. Name James Wharton
13. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Cooney
15. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant Mabel Scott
(b) Address 4225 West Pine Blvd.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof 1/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

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

19. (a) 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Witt (M. D. or other)
Address 625 N. Grand Date signed 1/4/43

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 G. W. Wilkinson
Licensed Embalmer No. 2575
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.