S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4756

Registration District No. 818 Primary Registration District No. Registrar's No. 1991

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

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: St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether In this community 3yrs. 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. 200 South Fourth (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Scott

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased October 22, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

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

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

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital.

17. (a) Anstonnee Boyd (Burial, cremation, or removal) (b) Date thereof 2-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Va.

18. (a) Signature of funeral director O. Richter

(b) Address 3800 Kettle St

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9, year 1943 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from January 28, 1943 to February 9, 1943; that I last saw him alive on February 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Left Hilar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Not Done.

Duration

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

23. Signature Leo J. Wade (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 2/9/43

(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.