V. S. No. 2
OM—9-4-41
ev. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

7639

State File No. 0

Registration District No. 284 Primary Registration District No. 200 Registrar's No. 506

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sycamore Hills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2480 Hartland Ave. 1
(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 Mo. (b) County St. Louis 96
(c) City or town Sycamore Hills
(If outside city or town limits, write "RURAL")
(d) Street No. 2480 Hartland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Scott Patrick McCready
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Mae
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased January 15, 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Filling Station Operator
11. Industry or business
FATHER
12. Name Scott Patrick McCready
13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Jane Hopkins
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Bertha Mae McCready
(b) Address 2480 Hartland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) MAR 1 1943 (Date received local registrar) (b) C. G. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1943 hour 12:05 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 2, 1943, to Feb. 27, 1943 that I last saw him alive on Feb. 27, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Tuberculosis of Lungs. | 2 yrs. |
| Due to — | |
| Due to | |
| Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None —
Of autopsy None — 1361

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) No —
(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 Roy A. Walther (M. D. or other) M.D.
Address 2438 Woodson Rd. Date signed 2-27-43

(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: Edward P. J. Stuart

Licensed Embalmer No. 3500

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.**