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S. No. 2
M-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3881**

318
MAY 3 1943
Registration District No. _____

Primary Registration District No. **1003**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 5 days**
(Specify whether
 In this community **19 years**
years, months or days)

3. (a) PRINT FULL NAME **Benjamin Scott**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Separated**

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

7. Birth date of deceased **September 3, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	7	10	hr. _____ min.
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9. Birthplace _____ **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **George Scott**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Burton**

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

16. (a) Informant **Shirley M. Smith**
 (b) Address **2601 N. Whittier**

17. (a) **Burial** (b) Date thereof **APR 28 1943**
(Burial, cremation or removal) (City or town) (County) (State) (Year)
CITY CEMETERY

18. (a) Signature of funeral director **R. C. Houston Jr.**
 (b) Address **2872 Franklin St.**

19. (a) **APR 27 1943** (b) **J. F. Bullock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0011 17 9 21**
 (c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3046 Thomas**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13,**
 year **1943** hour **7** minute **55** A. M.

21. I hereby certify that I attended the deceased from **March 8,** 19**43** to **April 13,** 19**43**
 that I last saw him **alive on April 13,** 19**43;**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**

Due to _____

Due to _____

Other conditions **13**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

Duration **Unk.**

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) (e) Means of injury _____

23. Signature **Alvin Moore** (M. D. or other) _____
 Address **2601 Whittier** Date signed **4/13/43**

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.....

[Signature]....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *[Signature]*.....

Licensed Embalmer No. *2266*.....

P. O. Address: *2817, Thomas St*.....

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.

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