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19126

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

LED JUN 7 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1311

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch

(c) Name of hospital or institution: Robt. Koch Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 30 days  
(If not in hospital or institution, write street number or location)

In this community 23 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3663 Cook  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stott, Luther

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-01-4334

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife Alcester ?

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

7. Birth date of deceased March 29 1897  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>2</u>	<u>3</u>	hr. _____ min.

9. Birthplace Haywood County, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Nelson Stott

13. Birthplace Haywood County, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Maranda Short

15. Birthplace Haywood County, Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant pt. on entry to hospital

(b) Address Koch Hosp

17. (a) Burial (b) Date thereof 6/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUN 4 1943 (b) C. H. McLaughlin  
(Date received local registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1943 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 2, 1943 to June 1, 1943 that I last saw him in alive on June 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis 3 1/2 yrs?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 W. H. ... (M. D. or other)

Address Wash. Hosp. Koch Hosp Date signed 6/2/43

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**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.....

..... William C. McDowell ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Aven

**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.**