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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED AUG 8 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1751

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 7/16/43. (Specify whether
In this community since 7/16/43
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Woodriver 0
(If outside city or town limits, write "RURAL")

(d) Street No. 46 W. Ferguson Ave.
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME Walter A. Scott

3. (b) If veteran, name war Philippine Insurr. 3. (c) Social Security No. Yes - not remembered

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~xxxxxx~~ wife Bessie 6. (c) Age of ~~xxxxxx~~ wife if alive unkn years

7. Birth date of deceased August (Month) 6. (Day) 1878 (Year)

8. AGE: Years 64 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Grayville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Watchman

11. Industry or business -

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

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

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Ill

18. (a) Signature of funeral director Robert F. Streeper
(b) Address Alton, Ill

19. (a) (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th, year 1943 hour 7:27 minute P. M.

21. I hereby certify that I attended the deceased from July 16, 1943 to July 29, 1943; that I last saw him alive on July 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease with cardiac enlargement, myocardial damage and myocardial insufficiency.	Unknown
Due to -	
Other conditions: Arteriosclerosis, generalized. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operation.
Of autopsy No autopsy.

93d

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 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 7/30/43

(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 Robert H. Steeper

Licensed Embalmer No. 2474

P. O. Address Alton Ills.

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.