

SEP 3 1943 318 Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town  
(c) Name of hospital or institution:  
2829 Spruce St.  
(d) Length of stay: In hospital or institution.  
In this community 35 Years,  
4 years, months or days

3. (a) PRINT FULL NAME Mary Scott,  
3. (b) If veteran, name war  
3. (c) Social Security No. None

4. Sex F  
5. Color of race Negro  
6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 65  
Months  
Days  
If less than one day hr. min.

9. Birthplace West Point Miss,  
(City, town, or county) Domestic (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Daniel Ivory

13. Birthplace Unknown Miss  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lucy Carter

(b) Address 2829 Spruce St.

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof 8/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery  
Attains Bros

18. (a) Signature of funeral director 3644 Finney Ave.  
(b) Address

19. (a) AUG 29 1943 (Date received local registrar)  
(b) J. B. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
2829 (If outside city or town limits, write "RURAL")  
Spruce (If rural, give location)  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1943 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Occlusion  
arteriosclerosis

Due to

Due to 94 a

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Specify type of place) (Specify type of place)

23. Signature of physician  
Date signed 8/26/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

---

---

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..... *Louis V. Atkins* .....

Licensed Embalmer No..... *2842* .....

P. O. Address..... *3644 Finney* .....

**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.**