7. S. No. 2
00M—2-43
ex. 58-19
FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30371
8192

SEP 21 194
Registration District No. 318
Primary Registration District No. 1003
Registrar's No.

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) 0
(d) Length of stay: In hospital or institution 1 mo. 26 days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis, 003
(If outside city or town limits, write "RURAL")
(d) Street No. 3018 Franklin 17
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country 0

3. (a) PRINT FULL NAME Frank Scott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 28, 1893 (Month) (Day) (Year)
8. AGE: Years 50 Months 7 Days 6 If less than one day hr. min.
9. Birthplace (City, town, or county) Miss. (State or foreign country)
10. Usual occupation
11. Industry or business Cook
FATHER 12. Name John Scott
13. Birthplace (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Sallie McClain
15. Birthplace (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Mandell & Son
(b) Address 3133 Bell Avenue
19. (a) SEP 14 1943 (Date received local Registrar) (b) S. Brecheel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4, year 1943 hour 9 minute 27 P. M.
21. I hereby certify that I attended the deceased from July 8, 1943 to September 4, 1943 that I last saw him alive on September 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alma Moore (M. D. or other)
Address 2601 Whittier Date signed 9/8/43

(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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Shoreline

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.