

S. No. 2
OM-7
5-17-39
X35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

30372

State File No. _____

Registrar's No. 8328

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3930a Shaw Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3930a Shaw Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry J. Scott

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Estelle Scott

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 12th 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1943 hour 11:40 minute A.M.

21. I hereby certify that I attended the deceased from 8-26 to 9-19-43
that I last saw him alive on 9-19-43
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Ce Prostate Metastatic Lumbar vertebrae

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Passenger Agent

11. Industry or business Streckfus Lines

12. Name Joseph K. Scott

13. Birthplace St. Louis No. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Muir

15. Birthplace Somerset Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Scott

(b) Address 3930a Shaw Ave.

Major findings: None

Of operations _____

Of autopsy None

17. (a) Burial (b) Date thereof 9-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 20 1943 (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Philip Schuck (M. D. or other) _____
Address 1703 Grand Date signed 9/20/43

1905 So. Swan St

Per: 0609

Aug. 33 71

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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.