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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10425

FILED DEC 9 1943
Registration District No. 318

Primary Registration District No. 1003

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:
Homer G. Phillips
(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. 4201 N. Bell Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Scott
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22, year 1943 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from November 16, 1943, to November 22, 1943;
that I last saw him alive on November 22, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration Unk.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: abt 75 Years Months Days If less than one day hr. min.
9. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business _____
MOTHER FATHER { 12. Name Wm Scott
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Jennie Rhodes
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Clarence v. Scott
(b) Address Havenport, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. H. WATSON
(b) Address 2906 Stanton Blvd
19. (a) NOV 29 1943 (Date received local registrar) G. J. Brudeck (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. E. Smith (M. D. or other) _____
Address 3601 Whittier Date signed 11/29/43

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

Martin A. McCauland Jr.

Licensed Embalmer No. *4361*

P. O. Address *St. Louis, Mo*

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.