

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11910

State File No.

FILED MAR 16 1944

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
735 Clark Street
(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 Missouri (b) County St. Charles ⁹⁹

(c) City or town St. Charles ⁷
(If outside city or town limits, write "RURAL")

(d) Street No. 735 Clark Street ³
(If rural, give location)

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

3. (a) PRINT FULL NAME Milton Curtis Scott

3. (b) If veteran, name war None

3. (c) Social Security No. 497-03-2796

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 8-42
Feb 20, 1944 to _____, 19____;
that I last saw him alive on Feb 12, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pluma Nieman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 16, 1874
(Month) (Day) (Year)

Immediate cause of death _____
Ac Myocardial Degeneration
with
Hyper tension
chronic Myocardial
Degeneration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

MOTHER FATHER {

11. Industry or business _____

12. Name Michel Scott

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

14. Maiden name Willie Lovell

15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

Major findings: 938

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs Pluma Scott

(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof Feb. 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Heidemann Baul

(b) Address 326 N 62nd St, St. Charles, Mo

19. (a) Feb 22, 1944 (b) Conrad J. Paul
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Vincent A. Schneider (M. D. or other) MD

Address St. Charles Mo Date signed 2/21/44

1302

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-15-44

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..... *Arthur C. Davis*

Licensed Embalmer No. 3145.....

P. O. Address St Charles 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.