

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19160**

FILED JUN 3 1944

Registration District No. **1944**

Primary Registration District No. **6076**

Registrar's No. **1166**

1. PLACE OF DEATH:  
(a) County **ST. LOUIS**  
(b) City or town **SO. KINLOCH**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Cor. Carson & Tuttle**  
(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)

3. (a) PRINT FULL NAME **FREDDIE LEE SCOTT**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **COL.**  
6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife **NONE**  
6. (c) Age of husband or wife if alive **NONE** years  
7. Birth date of deceased **1 16 1941**  
(Month) (Day) (Year)

8. AGE: Years **3** Months **4** Days **16**  
If less than one day  
hr. min.

9. Birthplace **SO. KINLOCH MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

MOTHER FATHER  
12. Name **WILLIE SCOTT**  
13. Birthplace **WALDON MISS.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ROBIE NUNN**  
15. Birthplace **SHREVEPORT MISS.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **WILLIE SCOTT**  
(b) Address **Cor. CARSON and TUTTLE**

17. (a) **BURIAL** (b) Date thereof **5 26 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WASHINGTON PR. CEM.**

18. (a) Signature of funeral director **BOYD BROS FUNERAL HOME**  
(b) Address **LIX and STANIZIA**

19. (a) **MAY 26 1944** (b) **E. J. McLawrence, M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO.** (b) County **ST. LOUIS**  
(c) City or town **SO. KINLOCH**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Cor. CARSON and TUTTLE**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**  
year **1944** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sudden**  
**death without medical attendance**, 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute meningocococemia**

Due to..... **6**

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **Yes**

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) (c) Means of injury.....

23. Signature **N. S. Greyfoyle, M.D. Pathologist**  
Address **601 Brentwood Blvd.** Date signed **5/23/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUN 12 1948

---

**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. Atkinson*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney Rd*

**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.**