

FILED JUN 19 1944

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

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:  
residence-4605 Lindell Blv'd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4605 Lindell Blv'd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME GEORGE E. SCOTT

3. (b) If veteran, name war NONE 3. (c) Social Security No. 702-10-0024

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Vedah Scott 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased May 27 1885  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 0 5 hr. min.

9. Birthplace Cleveland Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation retired vice president

11. Industry or business Scullin Steel Company

12. Name Frank Scott

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

14. Maiden name Winnie

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

16. (a) Informant Mrs. Vedah Scott

(b) Address 4605 Lindell Blv'd. St. Louis

17. (a) ENTOMBMENT (b) Date thereof JUNE 5-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd. St. Louis

19. (a) JUN 5 1944 (b) J. F. Brudick  
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
 year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1941 to June 1, 1944  
 that I last saw h. live on May 25, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis 8 yrs.  
 Due to General Arteriosclerosis  
 Due to 98  
 Other conditions auricular Fibrillation  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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

23. Signature Hiamp. Puzitt (M. D. or other) M.D.  
 Address 3720 Washington Blvd Date signed 6/2/44

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

MOTHER FATHER

3720 Washington Ave  
GR - 1588  
1 -

513375  
513375

DEC 11 1953

**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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**