

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26576
2072
Registrar's No.

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 ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mc. Parry Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 26 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 502 FAIRVIEW AVE.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Thomas Fred Scruby

3. (b) If veteran, name war no
3. (c) Social Security No. 702-14-0180

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE SCRUBY
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased SEPTEMBER-10-1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3
If less than one day — hr. — min.

9. Birthplace ONEIDA MINNESOTA
(City, town, or county) (State or foreign country)

10. Usual occupation SUPT. OF STATIONS

11. Industry or business MO. PACIFIC R.R.

12. Name JOHN STRUBY

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

14. Maiden name LIBBIE JONES

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

16. (a) Informant C.H. WOOD

(b) Address 114 GLEN RD WEBSTER GROVES MO

17. (a) RMOVAL (b) Date thereof AUG 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IRVING KANSAS

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES MO.

19. (a) AUG 14 1944 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1944 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from August 9, 1944 to August 13, 1944
that I last saw him alive on August 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration —

Due to arterio sclerosis

Due to Hypertension

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN

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 E.P. Hill M.D. (M. D. or other) —

Address 1755 2 Grand Date signed 8-13-44

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

Leslie Halek

Registered Apprentice No. *362*

working under my personal supervision.

Signed *C. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves 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.