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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29773

Registration District No. 312 Primary Registration District No. 1003 Registrar's No. 7874

63  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 807 Benton St  
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County  
(c) City or town St. Louis  
(d) Street No. 807 Benton St  
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3. (a) PRINT FULL NAME Theodore Scott  
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July, day 7, year 1944, hour 4, minute 00 P.M.

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced, child  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased July 6, 1944 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death: Prematurely, congenital debility

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

Due to 159

9. Birthplace St. Louis MO (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Child

Major findings: Of operations

11. Industry or business

Of autopsy

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

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

14. Maiden name Blatter Scott  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Blatter Scott (b) Address 807 Benton St

17. (a) (Burial, cremation, or removal) (b) Date thereat 8-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address 3500 Britton St

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

19. (a) SEP 6 1944 (b) (Date received local registrar) (Registrar's signature) J. Medell

23. Signature Alfred Perry (M. D. or other) Address 1551 Date signed 7/27/44

767A

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**