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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11783

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3806

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: HOMER G. PHILLIPS HOSPITAL 0
(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 Mo (b) County 006

(c) City or town St. Louis 0 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 N. Taylor Av
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mollie Scales

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race ed

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 10 (Day) 1881 (Year)

8. AGE: Years 63 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Cohoma (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business (at home)

FATHER
12. Name Dan Arnold
13. Birthplace (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Julia
15. Birthplace (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Mollie Fort
(b) Address 1515 N. Taylor Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell
(b) Address 1511 N. Taylor Ave

19. (a) APR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 4/7, 1945, to 4/25, 1945, that I last saw her alive on 4/25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Thrombosis

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death) 94

Major findings:
Of operations none

Of autopsy no

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 822 Jefferson Date signed 4/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.