

S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18250

FILED JUN 4 1945
317

Registration District No. _____ Primary Registration District No. 3063

Registrar's No. 941

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6609 Clayton Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years
years, months or days

3. (a) PRINT FULL NAME ELIZABETH A. SCARLETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Albert C. Scarlett

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

7. Birth date of deceased 5 9 1876
(Month) (Day) (Year)

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

68	11	6	hr. _____ min.
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9. Birthplace Le Roy Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER

12. Name Samuel J. Bacon

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

14. Maiden name Widcomb

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

16. (a) Informant Miss Alberta Scarlett

(b) Address 6609 Clayton Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 17 1945
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) APR 18 1945 (Date received local registrar) E. B. N. Bacon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 6609 Clayton Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 4 minute - P. M.

21. I hereby certify that I attended the deceased from Aug. 15 1938 to April 15 1945
that I last saw her alive on April 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast recurrent - pulm. metastases

Due to _____

Due to 10
5

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

Major findings:
Of operations _____

Of autopsy _____

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 Arthur B. Day (M. D. or other) _____
Address 3720 Washington Blvd Date signed 4-18-45

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

96
2
3

A

70.7

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 Thomas R. Lemvik
Licensed Embalmer No. 6-3793
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.