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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32357

FILED OCT 25 1945

Registration District No. 3185

Primary Registration District No. 1003

Registrar's No. 8821

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6648 Oakland Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES C SCOTT, Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-0042

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Callie Taylor Scott

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

7. Birth date of deceased October (Month) 24, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	17	hr. min.

9. Birthplace Yonkers (City, town, or county) New York (State or foreign country)

10. Usual occupation Ass't Freight Claim Agent

11. Industry or business Missouri Pacific Railroad

FATHER
12. Name James C. Scott, Sr.
13. Birthplace Fairfield (City, town, or county) Connedticut (State or foreign country)

MOTHER
14. Maiden name Eunice E. Green
15. Birthplace Ann Arbor (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Callie Taylor Scott
(b) Address 6648 Oakland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Wm. J. Robert L.&U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) OCT 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1945 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from October 1, 1945, to Oct 11, 1945;
that I last saw him alive on Oct. 11, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 min
Due to Recurrent coronary occlusion	1 yr.
Due to Coronary artery disease	1½ yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94

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 James R. Glasscock (M. D. ~~[illegible]~~)
Address Mo. Pacific Hosp. Date signed Oct. 11, 1945

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1947

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 John Keller

Licensed Embalmer No. 3880

P. O. Address St Louis

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.