S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 910

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 559

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution People Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4353 Finney
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Scott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 23 (Day) 1874 (Year)
8. AGE: Years 71 Months 0 Days 24 If less than one day hr. min.
9. Birthplace Lexington Ky. (City, town, or county) (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business
FATHER 12. Name Simon Scott
FATHER 13. Birthplace Lexington Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Taylor
MOTHER 15. Birthplace Lexington Ky. (City, town, or county) (State or foreign country)
16. (a) Informant M. E. Hall
(b) Address 4353 Finney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 19 (Day) 46 (Year)
(c) Place: burial or cremation St Peters Cemetery
18. (a) Signature of funeral director Pinkie L Torley
(b) Address 3129 Lucas Ave
19. (a) JAN 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 46 hour 8.30 minute P.M.
21. I hereby certify that I attended the deceased from 1/12 1946 to 1/16 1946 that I last saw h. 46 alive on 1/16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration 4 days
Due to Cerebral hemorrhage
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address 4522 Cocoa Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

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

3098

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. Clark Young

Licensed Embalmer No. 3371

P. O. Address. St. Joan

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.