S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4147

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 84

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:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 hours (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1715 Scovill Drive 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JOHN W. SCOVILL, Sr.

3. (b) If veteran, name war

3. (c) Social Security No. 329-10-6474

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pauline Guiot

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 17 (Day) ~~1893~~ 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
~~54~~	5	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Freight Handler

11. Industry or business

FATHER
12. Name Nathan Scovill
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Clara Fassel
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant John Scovill, Jr. Son

(b) Address 1715 Scoville Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) 1-11-46 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) asa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Second year 1946 hour One minute 20 A.M.

21. I hereby certify that I attended the deceased from December 30, 1945, to January 2nd, 1946; that I last saw him alive on January 2nd, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardiac failure	
Due to 200a	
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) accident

(b) Date of occurrence 1/30/45

(c) Where did injury occur? Florissant Rd Normandy, St Louis Co, Mo (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 Donald O. Burst (M. D. or other) M.D.

Address 601 Brentwood Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1946

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.