S. No. 2
M—2-43
. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 18107

Registration District No. 317

Primary Registration District No. 8063-6076

Registrar's No. 1100

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Enroute to County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: rural 3
(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 35

(c) City or town Senath 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Charles Theodore Scott

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marylin Scott

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

7. Birth date of deceased July (Month) 10 (Day) 1925 (Year)

8. AGE: Years 20 | Months 10 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Senath (City, town, or county) Missouri (State or foreign country)

10. Usual occupation U. S. Navy

11. Industry or business .....

FATHER
12. Name Charles T. Scott
13. Birthplace Whitewater (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rufie Arnold
15. Birthplace Senath (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. C. T. Scott
(b) Address Senath Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Senath Mo.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) 5-21-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
head & crushing chest injuries	
Due to Automobile accident - passenger in automobile that plunged over embankment - no other car involved.	
Other conditions (Include pregnancy within 3 months of death) 170-E6	
Major findings: Of operations XXXXXX	

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 91

(b) Date of occurrence 5/16/46

(c) Where did injury occur? Robertson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road
(Specify type of place)

While at work? ..... Means of injury Blunt impact.

23. Signature Arnold J. Willmann Coroner

Address Clayton, Mo. Date signed 5/21/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Ms

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.