

Registration District No. **318** Primary Registration District No. **1203**

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: **Homer G Phillips Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **9 days**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3321 Lucas**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Alberta Scales**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**  
 4. Sex **Female**  
 5. Color or race **Negro**  
 6. (a) Single, widowed, married, divorced **Divorced**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **August 8th 1887**  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**  
 year **1946** hour **4** minute **45 A.M.**  
 21. I hereby certify that I attended the deceased from **2-5-46** to **5-23**, 1946;  
 that I last saw **her** alive on **5-23**, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumococcal meningitis**  
 Duration **Unk**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **None**  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **No**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE: Years **58** Months **9** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace **Shelbyville Tennessee**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **House work at home**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Azrow Tillman**  
 13. Birthplace **Shelbyville Tennessee**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mattie Whiteside**  
 15. Birthplace **Shelbyville Tennessee**  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant **Lula Millinder**  
 (b) Address **3321 Lucas ave**  
 17. (a) **Burial** (b) Date thereof **5/30/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Washington Park**  
 18. (a) Signature of funeral director **C.W. Roberts**  
 (b) Address **1416 N. Taylor ave**  
 19. (a) **MAY 27 1946** (Date received local registrar)  
**J. Z. Brumack** (Registrar's signature)

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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature **Orion J. Ayers** (M. D. or other)  
 Address **2601 N. Whiteley** Date signed **5/25/46**

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

MOTHER FATHER

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**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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St. Louis 13, 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.**