

FILED MAY 31 1946

State File No. 4651

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4651

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826^a Brooklyn St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 yrs
years, months or days)

3. (a) PRINT FULL NAME Ir. B. Scott

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie Scott 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 15 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 4 _____ hr. _____ min.

9. Birthplace Okolona Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Scott
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ?
15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Scott
(b) Address 826^a Brooklyn St
17. (a) Burial (b) Date thereof 5-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) MAY 24 1946 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 218
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 826^a Brooklyn St 1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1946 hour 8 minute 40 A.M.
21. I hereby certify that I attended the deceased from 12-14-45
_____ 19 _____ to 5-19- 19 46
that I last saw him alive on 5-19 _____ 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 12y 46

Due to Hypertension Dec 45
Essential

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. C. Shepard (M. D. or other) _____
Address 276^a Franklin Date signed 5-20-46

AUG 21 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 L. Boyke
_____, Registered Apprentice No. SM
working under my personal supervision.

Signed

Lomnie Boyke
Licensed Embalmer No. 2946

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.