. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29057

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6763

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: 2800 S.59th St
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 317
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 S.59th St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles P Scott
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Scott
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept (Month) 15 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	15	hr. min.

9. Birthplace Rising Sun (City, town, or county) Indiana (State or foreign country)
10. Usual occupation retired elevator operator
11. Industry or business
MOTHER FATHER
12. Name Samuel Scott
13. Birthplace Rising Sun, (City, town, or county) Ind. (State or foreign country)
14. Maiden name Mary Harwood
15. Birthplace Rsiing Sun (City, town, or county) Ind; (State or foreign country)
16. (a) Informant Anna Scott
(b) Address 2800 S.59th St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation St.Matthews Cemetery
18. (a) Signature of funeral director Fred M.Williams
(b) Address 4535 Washington Blvd.
19. (a) AUG 2 1946 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from May, 1946, to July 30, 1946, that I last saw h. alive on July 29, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Cardiac decompensation
Due to
Other conditions Senility (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 Robert M. Kelley M.D. (M. D. or other) M.D.
Address 3284 Ivanhoe St. Louis Mo. Date signed 7-30-46

(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.....

Licensed Embalmer No. 4053

P. O. Address.....

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.