

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

31339

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 1987

FILED SEP 30 1946  
Registration District No. 517

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County Webster Groves St Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
631 Cornell Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 10 years  
(years, months or days)

3. (a) PRINT FULL NAME GEORGE SCOTT JR.

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

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race C

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

6. (b) Name of husband or wife Flemmer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 10 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Benton Co. Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business --

MOTHER FATHER

12. Name George Scott

13. Birthplace Unavailable Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Jamina Cockrell

15. Birthplace Unavailable Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Flemmer Scott

(b) Address 631 Cornell St.

17. (a) Burial (b) Date thereof 9-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Chas. J. Gates  
4107 Finney Ave.

(b) Address \_\_\_\_\_

19. (a) 9-26-46 (b) Ruth Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL") 7

(d) Street No. 631 Cornell Street  
(If rural, give location) 14

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd  
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/22/46 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 9/22/46 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to As. Sclerosis 9mo

Due to 97

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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) none

(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 0

23. Signature Frank P. Baird (M. D. or other) md  
Address 903 W. Cedar 134 N. Cedar Date signed 9/24/46

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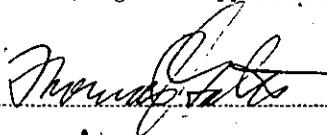
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Thomas J. Gates ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 4259 .....

P. O. Address. 4107 Finney Ave. .....

**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.**