No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6942

Registration District No. 318 | Primary Registration District No. 1002 | Registrar's No. 2337

1. PLACE OF DEATH:

(a) County 999

(b) City or town St. Louis Mo 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Children's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 7 days
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jefferson

(c) City or town Belle River
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Foster Ronald Scrivener

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced CHILD 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 - 23 - 40 (Month) (Day) (Year)

8. AGE: Years 6 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Belle River (City, town, or county) Ill (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Foster Scrivener
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Ratliff
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Foster Scrivener Sr.
(b) Address Belle River, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen, Ill.

18. (a) Signature of funeral director Alex F. Hartman
(b) Address 4700 Washington Blvd.

19. (a) MAR 6 1947 (Date received by local registrar) (b) J. F. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1947 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb - 26 1947 to March - 5 - 1947 that I last saw him alive on Mar 5 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Glomerulo-nephritis c̄ Anuria

Due to

Due to

Other conditions
(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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Alex F. Hartman (M. D. or other)

Address 500 S. Kingshighway Date signed 3/5/47

(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. Elmo R. Cadwell

Licensed Embalmer No. 4077

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.