

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3318**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
THE PEOPLES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **SAME DAY**
(Specify whether
In this community _____
years, months or days) **Infant Scott**

3. (a) PRINT FULL NAME **Unnamed Infant Scott**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F.** 3 5. Color **Col.**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of decedent: **3-21-47**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **1** hr. _____ min.

9. Birthplace: **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Douglas Scott**
13. Birthplace **Hughes Ark.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elma Dilworth**
15. Birthplace **Pine Bluff Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Douglas Scott**
(b) Address **4346 Cote Brillante**

17. (a) **Burial** (b) Date thereof **MAR 28 1947**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation **Anatomical Board**

18. (a) Signature of funeral director **W. Richter**
(b) Address **3505 Rutger**

19. (a) **MAR 28 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **aco**
(c) City or town **St. Louis, Missouri** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4346 Cote Brillante** **119**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **21st** day **March**
year **1947** hour **10:00** minute _____ A.M.
21. I hereby certify that I attended the deceased from **8:30 am**
Mar 21, 1947, to **Mar 21**, 1947
that I last saw **her** alive on **Mar 21**
and that death occurred on the date and hour stated above.

Immediate cause of death **atelectasis**
Due to **Unknown**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **161**

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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) _____
(b) Means of injury _____

23. Signature **Leon [Signature]** (M. D. or other) **0**
Address **4069 E. [Signature]** Date signed **3/21/47**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically:

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.....

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.