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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11988

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 721

1. PLACE OF DEATH

(a) County St Louis
(b) City or town So. Kinlock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jefferson & Scudder
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis '96
(c) City or town ~~St Louis~~ So. Kinlock
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson & Scudder
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph Scales
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Scales
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 6 (Day) 1879 (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Maintenance man
11. Industry or business .....
FATHER
12. Name unknown
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Florence Drake
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mary Scales
(b) Address Jefferson & Scudder
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros. Und. Co.
(b) Address 3644 Finney Ave.
19. (a) 3-27-47 (Date received local registrar) (b) Ruth Fillen MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day March year 1947 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from 3-1-, 1947, to 3-24-, 1947 that I last saw him alive on 3-24-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	5 Years
Due to: Arteriosclerosis	1935
Due to: Chr Nephritis 131 d	1938
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations None
Of autopsy None

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 Roy Johnson (M. D. or other) .....
Address Ferguson Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1948

SEP 11 1948

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. Burleson English

Licensed Embalmer No. 4208

P. O. Address 293 Lucas, Ky.

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.