S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15994

FILED APR 24 1947

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 872

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Bridgeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Bridgeton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIRGIL H. SCOTT
3. (b) If veteran, name war #1
3. (c) Social Security No. 488-18-9020
4. Sex Male 2
5. Color or race COL
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 29 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 13 If less than one day hr. min.

9. Birthplace BRIDGETON, MO., 0
(City, town, or county) (State or foreign country)
10. Usual occupation LABOR
11. Industry or business
FATHER
12. Name GEORGE H. SCOTT 0
13. Birthplace MONTGOMERY, MO.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MISSOURI THOMPSON
15. Birthplace BRIDGETON, MO. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Anna B. Wilson
(b) Address ST. ANDREWDS, ST.
17. (a) Burial (b) Date thereof 4-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Bks Mo
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave
19. (a) 4-18-47 (b) Cecil A. Sharp MD MSA
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 2, 1946, to ~~April~~ Mar 28, 1947
that I last saw him alive on Mar 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of esophagus with metastases	
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 0

23. Signature Birkle Eck (M. D. or other)
Address Veterans Hosp. Jeff. Bks Date signed Apr 12 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Mo #1-20

#230
23-47

APR 24 1947

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoreline

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.