No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43477

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11821

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 10 ds. (Specify whether years, months or days)
In this community 3yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1928 Biddle St. 9
(If rural, give location) 21
(e) Citizen of foreign country? (Yes or No) d
If yes, name country

3. (a) PRINT FULL NAME RUFUS SCOTT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race col
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 28 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	22	hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Edmund Scott
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Celie Scott
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director John H. Houston
(b) Address 3829 Washington Blvd.
19. (a) DEC 27 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20 year 1947 hour 3.40 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 10 1947 to Dec. 20 1947 that I last saw him alive on Dec. 20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Hemorrhage	1 da.
Due to Generalized Arteriosclerosis 11/10/47x	
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
23. Signature Paul F. Hartman (M. D. or other)
Address 5400 Arsenal St. Date signed 12/21/47

Jefferson City Printing Co.
(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 T. E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed Jabez D. Hyatt

Licensed Embalmer No. 1441

P. O. Address 2829 Washington St.

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.