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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18008
Registrar's No. 4730

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 1mo.15ds. (Specify whether years, months or days)
In this community not known

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2035 Franklin (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALMA SCOTT
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female 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 January (Month) 12 (Day) 1909 (Year)

8. AGE: Years 39 Months 4 Days 8 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Mississippi. (State or foreign country)
10. Usual occupation Nil
11. Industry or business

MOTHER FATHER
12. Name Seymour Scott
13. Birthplace ? (City, town, or county) Mississippi (State or foreign country)
14. Maiden name Sophronia Willis
15. Birthplace ? (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Richard Scott
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street
19. (a) MAY 22 1948 (Date received local registrar) (b) J. F. Bradecak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 9.30 minute A M.
21. I hereby certify that I attended the deceased from Apr. 5 48, 19..., to May 20 48, 19..., that I last saw her alive on May 20 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Pulmonary Tuberculosis With Cavitation — 5/7/48
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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 W. D. Amey M.D. (M. D. or other)
Address 5400 Arsenal St. Date signed 5/20/48

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.