No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28180

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 6413

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

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: Mo. Baptist Hospital 0
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 5338 Patton Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Benjamin Newton Scamell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Amanda Scamell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July (Month) 25, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	24	hr. min.

9. Birthplace New Haven, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name George Scamell
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lavina Whitlock
15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. Amanda Scamell
(b) Address 5338 Patton Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUL 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1948 hour 11:30 minute AM.

21. I hereby certify that I attended the deceased from 1/13/1945, 19, to 7/13/48, 19; that I last saw him alive on 7/13/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs
Coronary Artery disease 6 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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) 0

While at work (e) Means of injury

23. Signature Charles W. Harris MD (M.D. or other)

Address 5298a Page Date signed 8/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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 Warren A. Carver

Licensed Embalmer No. 353 C

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.