

FILED NOV 4 1949

REG. DIST. NO. 307

PRIMARY REG. DIST. NO. 6076

Registrar's No. 4163

BIRTH NO.		REG. DIST. NO. 307		PRIMARY REG. DIST. NO. 6076		Registrar's No. 4163			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton)		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vigus					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) rural unknown					
3. NAME OF DECEASED (Type or Print) a. (First) Palham			b. (Middle) Charles			c. (Last) Scott			
4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 28, 1903	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		11. BIRTHPLACE (State or foreign country) Creve Coeur Lake, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Nathan A. Scott	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mary F. Coffee		14. NAME OF HUSBAND OR WIFE Anna A. Scott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Anna C. Scott		17. ADDRESS Creve Coeur, Mo. R#2		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of left side of body with numerous internal fractures and hemorrhages. *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1-981X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Outside City Hall		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland, St. Louis, Missouri	
21a. HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) Oct. 14, 1949 11:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR? Shot attempting to catch fleeing prisoner.		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) Ernest J. Willmann, Coroner	
23a. SIGNATURE		23b. ADDRESS Clayton		23c. DATE SIGNED Oct. 17, 1949		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-17-1949	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) (State) Pattonville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Blumman Bros Inc.	
25. FUNERAL DIRECTOR'S SIGNATURE		25. ADDRESS 2504 Woodson Rd - Overland, Mo.		DATE REC'D BY LOCAL REG. 10-17-49		REGISTRAR'S SIGNATURE Herbert Br. Womko			

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

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 3457

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Quarland 14,

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.