

REC'D APR 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12072  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 780  
 (b) Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. 574  
 (c) City Overland (d) Street No. 3540 Gordon Ave. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna Catherine Scott. 300  
 (a) Residence, No. 3540 Gordon Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert W. Scott.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1880.  
 7. AGE YEARS 57 MONTHS 4 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Pevely. (STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Yeida.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Dont Know.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT Mr. Robert A. Scott. (ADDRESS) 3540 Gordon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE March 30, 1938

19. FUNERAL DIRECTOR Geo. R. Plutach Inc. (ADDRESS) 5966 Eastern Ave.

20. FILED Mar 28 1938 T. R. Meyer M.D. No. 94 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to Mar 27, 1938  
 I last saw her alive on Mar 27, 1938 Death is said to have occurred on the date stated above, at 5:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis  
Acute Gastritis  
 Date of onset 3 yrs

Name of operation ABC Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify no  
 (Signed) J. A. Schunacker, M.D. (Address) 8816 E. Charles Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. W. A. Schumacher  
8816<sup>a</sup> St Charles R.R.  
2 to 4 Webster 1350

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

David C. Gibson

Licensed Embalmer No. 3454

**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.)**