

EX-106 16 1938

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

33733  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **4448 Olive,** ..... 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**140** **NELLIE SCOVILLE.**  
 (a) Residence, No. **4448 Olive, St.** St. **19**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 **Louis P. Scoville**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7, 1855**

7. AGE YEARS **83** MONTHS **2** DAYS **28** IF LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) **Onaka,** (STATE OR COUNTRY) **Minn.**

FATHER 13. NAME **Orin Robinson,**

14. BIRTHPLACE (CITY OR TOWN) **Sunapee,** (STATE OR COUNTRY) **New Hampshire**

MOTHER 15. MAIDEN NAME **Helen K. Orvis.**

16. BIRTHPLACE (CITY OR TOWN) **Windsor,** (STATE OR COUNTRY) **Vermont.**

17. INFORMANT (ADDRESS) **Louis P. Scoville**  
**4448 Olive, St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chicago, Ill.** DATE **Oct. 7th** 19**38**

19. FUNERAL DIRECTOR (NAME) **C.R. Lupton & Sons,** (ADDRESS) **7233 Delmar, Blvd.,**

20. FILED **OCT 6 1938** **J.F. Bredek** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 5th** 19**38**

22. I HEREBY CERTIFY That I attended deceased from **August 1st**, 19**38**, to **September 5th**, 19**38**  
 I last saw him alive on **Sept. 5th**, 19**38** Death is said to have occurred on the date stated above, at **6:15 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Broncho Pneumonia**  
**Senile Paychiasis**  
 Other contributory causes of importance:  
**Senile Paychiasis**

Name of operation **no** Date of .....  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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 **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify **no**  
 (Signed) **E.P. McCarley**, M. D.  
 (Address) **601. W. 11th St.**

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 Eugene Mc Carthy  
3903 Olive  
2-5  
JE 5600  
Mrs Beyp. Hosp

**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, .....

*Bradford A Miles*

, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Bradford A Miles*

Licensed Embalmer No. *2901*

P. O. Address *St Louis*

**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, above space should be left blank.**