JAN 17 1939 DEC'D FEB 7 1939

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

3945

Do not use this space.

96

1. PLACE OF DEATH

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 96

(c) or City Jefferson Barracks — (d) Street No. Vet. Hosp. 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SCOTT, William

(a) Residence, No. 116 Adams St. (rear) St. Saint Charles, Missouri.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter

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) Unavailable -

11. Total time (years) spent in this occupation Unk. -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri. 0

FATHER

13. NAME Hamilton Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Illinois. 9

MOTHER

15. MAIDEN NAME Amy (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Unknown

17. INFORMANT (ADDRESS) Clinical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cem. DATE Jan. 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Ave.

20. FILED JAN 17 1939 19 [signature] Local Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1938, to January 15, 1939

I last saw him alive on January 15, 1939 Death is said to have occurred on the date stated above, at 3:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis, complete, resulting from Gastric Ulcer, Chr.	Unkn.

Other contributory causes of importance:

None

Name of operation Gastro-enterostomy Date of 1-13-39

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify [signature]

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF., Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

James A. Johnson, Registered Apprentice No. —

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3582

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.