DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 11 1939

791
1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24418

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 6691

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4399 Mc. Pherson Ave. (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
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 4399 Mc. Pherson Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John R. Scott 3 ad
3. (b) If veteran, name war
3. (c) Social Security No. 491-14-7893
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. (Month) 23 (Day) 1870 (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Executive
11. Industry or business Chain of Rocks Bridge
FATHER
12. Name John Scott
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Ann Kileen,
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant's own signature Mrs. Mary Scott
(b) Address 4399 Mc. Pherson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) JUL 31 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 th year 1939 hour 10 minute 40 P M.

21. I hereby certify that I attended the deceased from July 10, 1939 to July 29, 1939; that I last saw him alive on July 29, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 weeks
Due to Arterio Sclerosis	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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)
While at work? (e) Means of injury

23. Signature R. A. Russell (M. D. or other)
Address 415 Beaumont Bldg Date signed

(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.

USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

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.