CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. C1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30208

Registration District No. 284 Primary Registration District No. 200 Registrar's No. 1452

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: Schwalber Restorium. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis

(c) City or town Olivette (If outside city or town limits, write "RURAL")

(d) Street No. 895 Old Bonhomme Road. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Etta W. Scott.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife John H. Scott.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb'y (Month) 9, (Day) 1858. (Year)

8. AGE: Years	Months	Days	If less than one day
81	6	5	hr. min.

9. Birthplace Belloit, (City, town, or county) Wisconsin. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name John Wager.

13. Birthplace (City, town, or county) Canada. (State or foreign country)

MOTHER 14. Maiden name Unknown.

15. Birthplace (City, town, or county) Canada. (State or foreign country)

16. (a) Informant's own signature Mrs A. F. McKee

(b) Address 721 Fairview, Webster.

17. (a) Entombment. (Burial, cremation, or removal) (b) Date thereof 8/16/39. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blv'd.

19. (a) AUG 15 1939 (Date received locally) (b) A R Meyer MD DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1939 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1 1939, to August 14th 1939, that I last saw her alive on August 14th 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephrosclerosis Cardiitis. Failure Heart	3 mos
Due to Senility, Arteriosclerosis Left Hemiplegia, Syphilis	June 1939
Due to Arteritis Aorta and General Arteritis.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93c
Of autopsy No

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 Andrew Clark (M. D. or other)

Address 864 Hamilton Blvd. St. Louis, Mo. Date signed August 14, 1939

(Licensed Embalmer's Statement on Reverse Side)

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 Don K. Murchison, Registered Apprentice No. 219 working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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

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