

NOV 13 1939 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
 (a) County St. Louis
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County _____
 (c) City or town MATTOON N.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 713 Prairie
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Scott Bruington 658
 8. (b) If veteran, name war None
 8. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 30
 year 1939 hour 7 minute 50 PM

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife America
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased July 12 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-25, 1939, to 10-30, 1939;
 that I last saw him alive on 10-30, 1939;
 and that death occurred on the date and hour stated above.
 Immediate cause of death acute coronary attack
heart disease, acute

8. AGE: Years 67 Months 3 Days 18
 If less than one day _____ hr. _____ min.

Due to anginal attacks of several yrs. duration
 Due to arteriosclerotic

9. Birthplace Brackenridge Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Bridge Builder

Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business Big Four Railroad
 12. Name James Bruington
 13. Birthplace Brackenridge Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Palestine Scott
 15. Birthplace Brackenridge Kentucky
 (City, town, or county) (State or foreign country)

Major findings: None
 Of operations _____
 Of autopsy not obtained

16. (a) Informant's own signature James Bruington
 (b) Address 534 S. 4th, Terre Haute
 17. (a) Removal (b) Date thereof 10/31/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Humboldt, Ill.
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Ave.
 19. (a) OCT 31 1939 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature A. C. Marshall Jr. (M. D. or other) _____
 Address BARNES HOSPITAL Date signed 11/2/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

AMA.

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

Guy W Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.