

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution H G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Talmadge Scott 3AD

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 18th 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 8 If less than one day
hr _____ min.

9. Birthplace Arcadia La
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name Jack Scott
13. Birthplace Arcadia La
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Abitney
15. Birthplace Arcadia La
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Braddock

(b) Address 4051 Enright Ave

17. (a) Removal (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee Okla

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Ave
19. (c) JUL 27 1940 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis //
(If outside city or town limit write "RURAL")
(d) Street No. 4051 Enright Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 8:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from
July 23 1940 to July 26 1940;
that I last saw h. im. alive on July 26 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 10 mos

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above also Pulmonary Edema

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 Ellen J. (M. D. or other) _____

Address 2601 N Whittier Date signed _____

WRITE PLAINLY—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

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address

2769 Charlotte

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.