

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26208

State File No. _____

FILED AUG 5 1948
784

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 1276

I. PLACE OF DEATH

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits write "RURAL")
(d) Street No. 219 Euclid Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME MARY FRANCES SCARCE 620

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

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

6. (b) Name of husband or wife Frank P. Scarce 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) ? (Day) ? (Year) ?

8. AGE: Years 87 Months ? Days ? If less than one day hr. min.

9. Birthplace Lexington Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George W. Uttinger

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

14. Maiden name Mary Dodd

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

16. (a) Informant Frank P. Scarce

(b) Address 219 Euclid Ave

17. (a) Burial (b) Date thereof 7-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Oak Hill Cem

18. (a) Signature of funeral director Wisselberg General Home Inc
(b) Address Webster Groves Mo
19. (a) JUL 8 - 1948 (b) M. R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 1940 hour 11 minute 28 P. M.

21. I hereby certify that I attended the deceased from 6-29-40
_____ 19____, to 7-6-40 19____;

that I last saw h. er alive on 7-6-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy Duration 8 days

Due to Hypertensive heart disease years
Gen. arteriosclerosis "

Due to _____

Other conditions Hematuria probably from 2 days
(Include pregnancy within 3 months of death) bladder apoplexy

Major findings: Of operations _____ Of autopsy 95. B.
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? _____

23. Signature Milton A. Gritz (M. D. or other) _____
Address St. Louis County Hosp. Date signed 7/8/40

(Licensed Emballer's Statement on Reverse Side)

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

36
22
22

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. G. Sullivan

Licensed Embalmer No. *11-22*

P. O. Address.....

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. .