

No. 2  
4-13-40  
-17-39  
I 211359

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36296

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. (10)

Registrar's No. 1993

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton  
 (c) Name of hospital or institution:  
Q. Hosp.  
 (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)

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Joseph C. Scott  
 6. (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased Jan. 24th 1911  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
29 8 26 hr. min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Anthony Flannelly

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

14. Maiden name Mary Reardon

15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Zeibig

(b) Address 5027a Chippewa Ave.

17. (a) BURIAL (b) Date thereof 10-23-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 21 1940 (b) D. R. Meyer  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5319 Bancroft Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th  
 year 1940 hour 2 minute 23 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Automobile collision while riding as a passenger in and due to automobile which collided with another automobile on due to a public highway.  
 Other conditions Wounds of the skull etc  
 (Include pregnancy within 3 months of death)

Duration  
 16 1/2 hrs  
 10 1/2 hrs  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations 2/0 mm  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence Oct 20, 1940  
 (c) Where did injury occur? Public place  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)  
 (e) Means of transport Public Place

23. Signature John D. Connel (M. D. or other)  
 Address Corvus 5205 C Date signed 10/24/40

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

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2  
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**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

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, fact should be so stated above.**