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3-40
-39
K23159

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2213

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur Lake
(c) Name of hospital or institution: 11th & Marine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 69 years (Specify whether)
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur Lake
(If outside city or town limits, write "RURAL")
(d) Street No. 11th & Marine
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY FRANCES SCOTT

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Nathan A. Scott 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 30 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 22 hr. _____ min. If less than one day

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pleasant W. Collier

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

14. Maiden name Sarah Eliza Bradley

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

16. (a) Informant Beth Ann Scott

(b) Address Creve Coeur #2

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Blumman

(b) Address 2504 Woodson Rd. Overland Park

19. (a) NOV 23 1940 (b) R. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from 7:00
16, 1940 to Nov 22, 1940
that I last saw her alive on Nov 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tobacco pneumonia 4 days
Duration

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

(e) Means of injury _____

23. Signature R. B. Denny (M. D. or other) _____
Address Creve Coeur Date signed 11-29-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Orleans, Mo

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

If this body is not embalmed, fact should be so stated above.