

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40237
State File No. 10008
Registrar's No.

JAN 15 1941 91

Registration District No.

Primary Registration District No.

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

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 Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether _____)
In this community 6 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 627a Marion
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Milburn J. Scoggins

3. (b) If veteran, name war ----- 3. (c) Social Security No. 702-18-2769

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

6. (b) Name of husband or wife Levie Scoggins 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October 18, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 17 hr. min.

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

10. Usual occupation Locomotive Fireman

11. Industry or business Mo. Pacific Railroad

12. Name Sam Scoggin
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Levie Scoggin
(b) Address 627a Marion St.

17. (a) Burial (b) Date thereof 12/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. DEC 6 1940 (b) J. H. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th
year 1940 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from 11/18/40, 19____, to 12/4/40, 19____;
that I last saw him alive on 12/4/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident Duration 11 days
Due to Chronic Alcoholism

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

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Charles C. Drack (M. D. or other) M.D.
Address 1755 So. Grand Date signed 12/4/40

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 Robert Cochran

Licensed Embalmer No. 2128

P. O. Address St Louis mo

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.