

Registration District No. **678**

Primary Registration District No. **4404**

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

**1. PLACE OF DEATH:**  
 (a) County Phelps,  
 (b) City or town St James, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Ten years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME William H. Scott.  
 3. (b) If veteran, name war Spanish American 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 28th, 1880.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>			_____ hr. _____ min.

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

10. Usual occupation Veteran.

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

MOTHER FATHER { 12. Name Not known.

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Becht  
 (b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof May 1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemetery

18. (a) Signature of funeral director James J. ...  
 (b) Address \_\_\_\_\_

19. (a) 5-29-41 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Phelps  
 (c) City or town St James  
(If outside city or town limits write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 28  
 year 41 hour 2:00 minute a M.  
 21. I hereby certify that I attended the deceased from Aug 1, 1939, to Apr 28, 1941;  
 that I last saw him alive on April 16, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac Decompensation  
 Due to \_\_\_\_\_  
arteriosclerosis  
hypertension  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
 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)  
 Means of injury \_\_\_\_\_  
 23. Signature James J. ... (M. D. or other) \_\_\_\_\_  
 Address St James Date signed 5/1/41

RECEIVED

District Health Officer No. 5,

District File Number 5411657

Date Filed \_\_\_\_\_

---

---

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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, above space should be left blank.**