

No. 2
1-4-41
17-39
X28

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26996
Registrar's No. 6788

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(c) Name of hospital or institution:
St. Louis City Hospital No. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Hour
In this community 50 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(d) Street No. 1418 No. 18th. St.
(If rural, give location)
(e) No Attending Physician
Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine S. Scott.
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 19th.
year 1941 hour 4 minute 30 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Samuel W. Scott.
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased November 17, 1857
(Month) (Day) (Year)

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.

8. AGE: Years 83 Months 9 Days 2
If less than one day hr. min.

Immediate cause of death
Myocardial Posining self
Administered by her home
Due to 1418 No. 18 St. on Aug 17-1941
about 3:55 pm
Death Whether Accidental or
suicidal could not be
Other conditions Determined
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At Home.

11. Industry or business
12. Name John Joergen.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Bruhn.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

Major findings:
Of operations 163
Of autopsy 163
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna M. Powers.
(b) Address 1418 No. 18th. St.
17. (a) Burial (b) Date thereof 8-23-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence Aug 17, 1941
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) AUG 21 1941 (b) J. J. Fredrick
(Date received local registrar) (Registrar's signature)

23. Signature Thomas J. Callahan (M.D. or other)
Address Deputy Coroner Date signed 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 W H Van Mater

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.