V. S. No. 2
M—4-13-40
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 812

Registration District No. FILED FEB 24 1942 1

Primary Registration District No. 1003

Registrar's No. 9983

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

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17
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1. PLACE OF DEATH

(a) County St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4878 Carter Ave (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State S Mo (b) County — 000

(c) City or town St Louis Mo 717 (If outside city or town limits, write "RURAL")

(d) Street No. 4878 Carter Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dennis Edward Scott

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 10-21-1941 (Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 26 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Edward Scott
13. Birthplace St Louis U Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carr
15. Birthplace St Louis U Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edward Scott

(b) Address 4878 Carter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 N. Euclid

19. (a) DEC 17 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1941 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 12-1-1941, to 12-17-1941; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death acute Gastritis — congenital

Due to

Due to

Other conditions Severe Vomiting (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W W White (M. D. or other) M D

Address 2803 N. Kingshighway Date signed 12-17-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Mt White
Kyashway & Moffitt Ave

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 Albert Mayfield

Licensed Embalmer No. 3077

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.