

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No.

9206

2919

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Logan Can Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from March
25, 1942 to March 27, 1942
that I last saw her alive on March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia Duration 5 days

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ethel Lee Scott

3. (b) If veteran, name war. (c) Social Security No.

4. Sex 3 female 5. Color or race negro 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 Mar 12, 1938
(Month) (Day) (Year)

8. AGE: Years 4 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Wiley Scott
13. Birthplace Ind. Miss 1
(City, town, or county) (State or foreign country)
14. Maiden name Zella Griffin
15. Birthplace Ind. Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wiley Scott

(b) Address 1423 Logan Can Ave

17. (a) Burial (b) Date thereof Apr. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery English Ind. Co.

18. (a) Signature of funeral director

(b) Address 2931 Linden Ave

19. (a) APR 1 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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 D. S. Moore (M. D. or other)
Address 2601 N. St. Louis Date signed 3/30/42

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 Burlison English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, ave

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.