

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35900

State File No.

FILED, DEC 11 1942 318

Primary Registration District No. 1003

Registrar's No. 10137

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:
BARNES HOSPITAL 0
(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 Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 312 East Ashley St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 1

3. (a) PRINT FULL NAME Ruth Lenore Scott

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 Oct. 15th 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 1 19 hr. min.

9. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

MOTHER FATHER

12. Name John L. Scott

13. Birthplace California, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Blume

15. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Scott

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1942 hour 9 minute 45 a. M.

21. I hereby certify that I attended the deceased from
11-9-42, 19... to 12-4-42, 19...

that I last saw him alive on 12-4-42
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Chronic nephritis

Due to ?

Other conditions Malignant hypertension

(Include pregnancy within 3 months of death)

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?
.....
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. F. Bradley (M.D. or other)
Address BARNES HOSPITAL Date signed 12/4

198 11 23 1987

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 *Richard G Burnley*
Licensed Embalmer No. *4203*
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.