

23182

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DECEASED JUL 31 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6692**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether \_\_\_\_\_)

In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2315 Chestnut  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Scott

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

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Lizzie Scott</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>June 5 1913</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Janitor

11. Industry or business Christ Church

12. Name Not known

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

14. Maiden name Ida

15. Birthplace Not known (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Lizzie Scott

(b) Address 2315 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Prebeck

(b) Address 2125 W. 11th

19. (a) July 24 1943 (Date received local registrar) (b) J. F. Prebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21, year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 11, 1943 to July 21, 1943 that I last saw him alive on July 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Degenerative Heart Disease  
Pleural Effusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature S. E. Smith (M. D.)  
Address 2601 Waterloo Date signed 7/22/43

Duration  
Unk.  
Unk.

PHYSICIAN  
Unk.  
Unk.

---

---

**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

*A. D. Richardson*

Licensed Embalmer No. *2998*

P. O. Address *2625 Bluff*

**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.**