

FILED AUG 7 1943

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 6846

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:  
En Route City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 15 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

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

(d) Street No. 2724a Wyoming  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PHILLIP JOHN SCOTT (SCHOTT)

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-6703

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Wilma 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March 14th 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 4 12 hr. \_\_\_\_\_ min.

9. Birthplace Lorine Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Wagoner Electric Co.

MOTHER FATHER

12. Name Phillip J. Scott

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

14. Maiden name Rose Hahn

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

16. (a) Informant Wilma Scott

(b) Address 2724a Wyoming

17. (a) Burial (b) Date thereof 7/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) Aug 29 1943 J. F. Bredect  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th  
year 1943 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Endocarditis;  
Coronary Occlusion.

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

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

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

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 5

23. Signature Thomas J. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 7-29-43

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

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**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

*L. R. Coape*

Licensed Embalmer No.

*3633*

P.O. Address

*2317 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.**