

FILED AUG 21 1943

Registration District No. 21871943

Primary Registration District No. 6076

Registrar's No. 1904

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
Florissant, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Charles Scott, Sr.

3. (b) If veteran, name was Spanish-American

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alice Scott

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

7. Birth date of deceased May 15th 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Molder

11. Industry or business _____

MOTHER FATHER

12. Name John Scott

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

14. Maiden name Anna (unknown)

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

16. (a) Informant Mrs. Alice Scott-wife
(b) Address 5085 Arlington Ave.,

17. (a) burial (b) Date thereof 8-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid

19. (a) AUG 23 1943 (b) McDermott
(Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5085 Arlington Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day Aug
year 1943 hour 8 minute AP M.

21. I hereby certify that I attended the deceased from 7/22/43
_____ 19 _____ 19 _____
that I last saw him alive on 8/18/43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions Ch. Hypertensive
(Include pregnancy within 3 months of death)
Osteo Arthritis

Major findings:
Of operations _____

Of autopsy q/a

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 8/21/43

23. Signature Paul Dempst (M. D. or other) 8/21/43

Address 3919 W. 41st Date signed 8/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6000

SEP 8 1943

AUG 31 1943

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 d. Mayfield

Licensed Embalmer No. 3079

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.