

**FILED FEB 11 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1117**

**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:  
St. Anthonys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
(Specify whether  
In this community 15 Years  
years, months or days)

3. (a) PRINT FULL NAME Mary L. Scrivner

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased r 5 23 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 23 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business At home

12. Name John Rumsey

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

14. Maiden name Unknown

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

16. (a) Informant Marvin Raines

(b) Address 2914 South 13 St.

17. (a) Burial (b) Date thereof 2 / 5 / 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

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

(b) Address 2301 Lafayette

19. (a) FEB 4 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 060  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2838 McNair  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 3  
year 44 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Feb 3 1944  
that I last saw him alive on Feb 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute myocardial collapse

Due to Chr. Imparthritis

Due to Fracture of left hip (intertrochanteric)

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

Major findings: Of operations 186

Of autopsy 18

**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) Accident - contributory

(b) Date of occurrence Jan. 1, 44

(c) Where did injury occur? Home - 2825 McNair  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

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

23. Signature Leo B. Young (M. D. or other) Full  
Address 2621 S. Jefferson Date signed 2/5/44

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

MOTHER FATHER

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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. Cooper

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.**