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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 1944  
318  
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20254

State File No.

Primary Registration District No. 1003

Registrar's No. 5271

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:  
Peoples Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community 10 years (Specify whether  
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. 1915 N. Sarah Street (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ancy Belle Scott  
3. (b) If veteran, name war  
3. (c) Social Security No.

20. DATE OF DEATH: Month 6 day 7  
year 44 hour 12-15 minute A M.

4. Sex Female 5. Color or race Co 1  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Oct 3rd 1901  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-30 1944 to 6-7 1944  
that I last saw him alive on 6-7 1944  
and that death occurred on the date and hour stated above  
Immediate cause of death Mitral Insufficiency

8. AGE: Years 42 Months 8 Days 4  
If less than one day hr. min.

Duration

9. Birthplace Fort Smith Ark  
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Housewife

Due to

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

12. Name Williams Jones  
13. Birthplace unk Miss  
(City, town, or county) (State or foreign country)

Major findings: Of operations

14. Maiden name Eliza Mitchell  
15. Birthplace unk Tenn  
(City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant Elizabeth Davis  
(b) Address 3128 Sheridan ave

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

17. (a) Burial (b) Date thereof 6-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Handley  
(b) Address 3133 Bell Ave

19. (a) JUN 9 1944 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

23. Signature W. Williams (M. D. or other)  
Address 2075 Commerce Date signed

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

MOTHER FATHER

844

**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..... *S. J. Watson*  
Licensed Embalmer No..... *2978*  
P. O. Address..... *2700 Hawthorn*

**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.**