

No. 2
8-43
5-17-39
X37

FILED SEP 2 1944

Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ronald Harold Scott
3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month Aug. day 22
year 1944 hour 5:55 minute P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 1 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1944 to Aug. 22, 1944
that I last saw him alive on Aug 22, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 21 hr. _____ min.

Immediate cause of death Broncho-pneumonia Duration 50 days
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Infant

Major findings: 107
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Harold Edmond Scott
13. Birthplace Cantwell Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Mae Montgomery
15. Birthplace Mt. Vernon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H.E. Scott
(b) Address Festus, Missouri
17. (a) Burial (b) Date thereof 8-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Festus, Missouri
Albert H. Hoppe
18. (c) Signature of funeral director
(b) Address 4700 Washington Blvd.

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
19. (a) AUG 25 1944 (b) C. S. Mc Carver
(Date of local burial) (Registrar's signature) Address 4500 Olive St Date signed 8/23-44

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 G. Hoppe

Licensed Embalmer No.....

2971

P. O. Address.....

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.