

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cliff Cave Road
(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 St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. Cliffe Cave Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Mary A. Scott
FULL NAME

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William M. Scott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 16 hr. min.

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

10. Usual occupation housework

11. Industry or business at home

MOTHER FATHER { 12. Name Thomas Willmeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Taylor
(b) Address Cliffe Cave Road, Lemay

17. (a) burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery
Southern Funeral Home

18. (a) Signature of funeral director
(b) Address 6322 So. Grand Blvd.

19. (a) DEC 6 1944 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1944 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1 - 44
Dec 2, 1944 to _____, 19____;
that I last saw her alive on Dec 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 1 day

Due to Hypertension + Ch
Due to ve phlebitis 5 1/2 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
131

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 _____

Signature John G. ... (M. D. or other) M.D.
Address 766 ... Date signed 12/11/44

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

76 00 00

On McNamee.
2 PM Monday.

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.....

Licensed Embalmer No..... 4018

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.