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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11766

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3263

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2913 Laclede 21
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elatris Scott
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ed Scott
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct (Month) 11 (Day) 1907 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	37 ~~38~~	5	28	hr. min.

9. Birthplace (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Dan Davis
13. Birthplace (City, town, or county) Georgia 1 (State or foreign country)
MOTHER
14. Maiden name Lizettie Roddy
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant Ed Scott
(b) Address 2913 Laclede ave
17. (a) Stuffed (Burial, cremation, or removal) (b) Date thereof April 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Augusta Ark.
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave
19. (a) APR 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1945 hour 12 minute 59 P. M.
21. I hereby certify that I attended the deceased from March 25, 1945 to April 8, 1945; that I last saw her alive on April 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Glomerulo-nephritis with uremia	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

130

Major findings:
Of operations
Of autopsy

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

23. Signature H. J. Erwin (M. D. ~~or other~~)
Address 2601 Whittier Date signed 4/9/45

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.