

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED SEP 24 1946
318
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **32204**
7843
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hours
In this community 49 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. 4026 Pennsylvania Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Evelyn Scott
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leslie A. Scott 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 8th, 1897.
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Substitute Teacher
St. Louis Public School

11. Industry or business George Phillips Becker

12. Name St. Louis Mo.
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Emma Linkmann

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie A. Scott
(b) Address 4026 Pennsylvania Ave.

17. (a) Burial (b) Date thereof 9-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 10 1946 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 9th.
year 1946 hour 6:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 9, 3:30 am, 1946, to Sept. 9, 6:15 pm 1946;
that I last saw her alive on Sept 9, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis Duration 6 hrs

Due to arterial sclerosis

Due to [Signature]

Other conditions Hypertensive heart disease 3 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy mesenteric thrombosis
Hypertensive heart disease

22. 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 _____

23. Signature Ralph Thompson (M. D. or other) M.D.
Address 3606 Biavois Date signed 9/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

001
1517
9
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MOTHER FATHER

Mr. Joseph Thompson

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 *John P. Buchholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis Ave*

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.