

**FILED DEC 9 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10112**

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

**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:  
Homer G. Phillips 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)

3. (a) PRINT FULL NAME Eugene Scott  
 3. (b) If veteran, name war Worlds War(2) 3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Dorothy Scott 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased Feb. 26 1913  
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 25 23  
If less than one day hr. min.

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

11. Industry or business.....  
 12. Name Henry Scott  
 13. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Cora Hamilton  
 15. Birthplace St. Louis County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Callender  
 (b) Address 2314 Spruce Street  
 17. (a) Burial (b) Date thereof 11/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Russell Undt. Co.  
 (b) Address 2732 Pine Street  
 19. (a) Nov 7 1946 J. F. Bredsch  
(Date of final certification) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2323 Olive Street  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 21  
 year 1946 hour 8 minute 50 M.  
 21. I hereby certify that I attended the deceased from.....  
 19..... to..... 19.....  
 that I last saw h..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Lobar Pneumonia  
 Due to Idiopathic Corrosion of  
Liver  
 Due to.....  
 Other conditions.....  
(Includes pregnancy within 3 months of death)  
 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?  
 While at work..... (Specify type of place) Means of injury.....  
 23. Signature [Signature] (M. D. or other).....  
 Address..... Date signed 11/27/46

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**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. 3371

P. O. Address St. Louis

**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.**