

FILED JAN 27 1947

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 529

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

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: St. Mary's Infirmary  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 20 years years, months or days

3. (a) PRINT FULL NAME Robert Scott

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Col 6. (a) Single, widwed, 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 May 10 (Month) (Day) (Year)

8. AGE abt. 50 Years Months Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace B.W.I. Jamaica (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant L. C. Bonner

(b) Address 1311 No. Vandeventer

17. (a) Buried (b) Date thereof 1-18-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Stanton Blvd

19. (a) JAN 17 1947 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1311 N. Vandeventer (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1947 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from 12-21-46 1946 to 1-15 1947; that I last saw h.i.m. alive on 1-13-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism  
 Due to Hypertrophy Prostate

Duration Sudden  
7 months

Due to \_\_\_\_\_  
 Other conditions: III  
 (Include pregnancy within 3 months of death)

Major findings: Benign hypertrophy of prostate  
 Of operations \_\_\_\_\_  
 Of autopsy none

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 Edwin A. Lee, M.D. (M. D. or other) MD  
 Address 1536 Papin Date signed 1/16/47

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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 Charles Young

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.**