No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19351
5500

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 30 hours (Specify whether years, months or days)
In this community Life

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. 4243 N Market St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Scott
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	11	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Maid
11. Industry or business
MOTHER FATHER
12. Name John Scott
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Winnefred Rhoda Sheton
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dorothy Haynes
(b) Address 3021 Lambdin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Herman J. Smith
(b) Address 4247/w LABADIE AVE
19. (a) JUN 3 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 5 minute 40 P M.
21. I hereby certify that I attended the deceased from May 30, 1947, to May 31, 1947, that I last saw her alive on May 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease with	Undet.
Myocardial Infarction	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 Edw B. Williams M. D. or other
Address 2601 N Whittier Date signed 5/31/47

Jefferson City Printing Co.

(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 Emmitt J. Houston Registered Apprentice No. 449, working under my personal supervision.

Signed Lawrence E. Wadsworth

Licensed Embalmer No. 4341

P. O. Address St. Louis 13 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.