

Registration District No. **2**  
**FILED JUL 3 1947**

Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **St. Johns Station**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3415 Lindscott Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **St. Johns Station** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3415 Lindscott Ave.** **0**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** **Luther Scott**

**3. (b) If veteran, name war** **No**

**3. (c) Social Security No.** **Unknown**

**4. Sex** **Male** **(1)** **5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Mary Scott** **6. (c) Age of husband or wife if alive** **72** years

**7. Birth date of deceased** **June 9 1877**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
70	0	21	..... hr. .... min.

**9. Birthplace** **Goodwater Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business**.....

**12. Name** **Oscar Scott** **9**

**13. Birthplace** **Unknown** **7**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Francis Payne**

**15. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Herbert Scott**

**(b) Address** **3415 Lindscott Ave.**

**17. (a) Burial** **(b) Date thereof** **7-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Ironton, Mo.**

**18. (a) Signature of funeral director** **Albert H. Hoppe**

**(b) Address** **4700 Washington Blvd.**

**19. (a) 7-3-47** **(b) Carla Z. Shup**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **30**  
year **1947** hour..... minute..... M.

**21. I hereby certify that I attended the deceased from** **1945**  
..... 19..... to..... 19.....  
that I last saw him..... alive on **6/29/47**..... 19.....  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Carcinoma of Prostate**  
**Uremia + Toxemia**

**Due to**.....

**Due to**..... **5 1/2**

**Other conditions**.....  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

**Major findings:**  
Of operations.....

**Of autopsy**.....

**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** **0**

**Signature** **Carla Z. Shup** (M. D. or other)

**Address** **3720 Washington** **Date signed** **7/1/47**

AUG 13 1942

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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. 4080

P. O. Address \_\_\_\_\_

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.