

FILED AUG 13 1947

Registration District No.

Primary Registration District No. 1003

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.....
6001 Maple Ave
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... ood

(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6001 Maple Ave 9
5
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Nettie Scott

3. (b) If veteran, name war..... no

3. (c) Social Security No. no

4. Sex..... Female

5. Color or race..... white

6. (a) Single, widowed, married, divorced..... widow

6. (b) Name of husband or wife..... William J. Scott

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Oct. 30 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>4</u>hr.min.

9. Birthplace..... Mayfield Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

12. Name..... Henry Bannister

13. Birthplace..... Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name..... Sarah Burton

15. Birthplace..... Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant..... Nettie Thompson

(b) Address..... Millner Hotel

17. (a) Burial (b) Date thereof..... 8-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Hope Cemetery

18. (a) Signature of funeral director..... Witt Bro. Co

(b) Address..... 2928 1/2 Jefferson Ave

19. (a) AUG 5 1947 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug day..... 4
year..... 1947 hour..... 3 minute..... 12 A.M.

21. I hereby certify that I attended the deceased from 25 July 47 to 3 Aug 47 that I last saw her alive on 3 Aug 47 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Thrombosis 1 week

Due to..... Arteriosclerosis general

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... no

(b) Date of occurrence.....

(c) Where did injury occur?..... 571 (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..... MD

23. Signature..... Geo S Otter (M. D. or other) MD

Address..... 607 N Grand Ave Date signed..... 4 Aug 47

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

MOTHER FATHER

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..... *J. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

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.