No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 3/9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3578

Registrar's No. 163

1. PLACE OF DEATH:
(a) County: SAINT LOUIS
(b) City or town: (RURAL) PINE LAWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SHAMROCK NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 MONTHS (Specify whether years, months or days)
In this community: LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: SAINT LOUIS
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No.: BALTIMORE HOTEL 9th & PINE STS. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ARTHUR SCOWN
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, 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 6th, 1882 (Month) (Day) (Year)

8. AGE: Years 65 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace: SAINT LOUIS, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation: SOLE OWNER
11. Industry or business: RELIABLE ADDING MACHINE & TYPEWRITER CO.

FATHER
12. Name: EDWARD SCOWN
13. Birthplace: ENGLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: JOHANNA LEIMEISTER
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: MR. CHARLES SCOWN
(b) Address: 2343 OLIVE STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CEMETERY
18. (a) Signature of funeral director: CALVIN F. FEUTZ
(b) Address: 4828 NATURAL BRIDGE BOULEVARD
19. (a) 1-19-48 (Date received local registrar) (b) Earl C. [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 17th year 1948 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from May 10, 1944 to Jan. 17, 1948 that I last saw him alive on Jan 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	8 yrs.
Generalized Arteriosclerosis	8 yrs.
Due to: Hypertension -	
Due to: Chronic Nephritis	
Hemiplegia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 131
Of autopsy:

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: M. J. Gallanson (M. D. or other)
Address: 508 N. GRAND Date signed 1-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Max J. Goldenwand
Metropolitan Bldg.
No. 9172

MAY 13 1949

SEP 2 1949

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.