No. 300
—10-47
5-17-39
1 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 24700
Registrar's No. 6253

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 13 days (Specify whether years, months or days)
In this community

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. 1723 Bacon (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Scott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 2
5. Color or race COLORED
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 18 (Day) 1863 (Year)

8. AGE: Years 85 Months 0 Days 22 If less than one day hr. min.

9. Birthplace NASHVILLE (City, town, or county) TENN (State or foreign country)
10. Usual occupation DOMESTIC
11. Industry or business
FATHER 12. Name WILLEY ANDERSON
13. Birthplace NASHVILLE (City, town, or county) TENN (State or foreign country)
MOTHER 14. Maiden name HENRIETTA
15. Birthplace NASHVILLE (City, town, or county) TENN (State or foreign country)
16. (a) Informant MRS LAURA RICE
(b) Address 1723 BACON ST
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM.
18. (a) Signature of funeral director A. F. WALTON
(b) Address 2707 STODDARD ST
19. (a) JUL 14 1948 (Date received local registrar) J. F. Breckert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1948 hour 12 minute 40 a.m.
21. I hereby certify that I attended the deceased from June 27, 1948, to July 10, 1948 that I last saw her alive on July 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	Undet.
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 7/12/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L. Hellhard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.