No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 1987

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31666

Registrar's No. 27-7

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7626 Natural Bridge Dr.
(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 St. Louis 96

(c) City or town Normandy 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7626 Naturial Bridge Rd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sister Mary St. FrancisRegus Margaret Scott.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Femail

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 Dec. 16, 1861.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	2	hr. min.

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

10. Usual occupation Relious Nun

11. Industry or business

FATHER
12. Name Frank Scott
13. Birthplace Unkown G
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret White
15. Birthplace Unkown G
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Dolorose

(b) Address 7626 Naturial Bridge Rd.

17. (a) Burial (b) Date thereof Sept. 20/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) 9-18-48 (b) Cecil C. Sharp MO
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year '48 hour 8a minute M.

21. I hereby certify that I attended the deceased from 1-10-38
, 19 , to 9-18 , 48;
that I last saw her alive on 9-16 , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis	1 da
Due to Arteriosclerosis	20 yr
chr. Arthritis	20 yr
Due to 9-3a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Geo H Kinkerfuss MD (M.D. or other)

Address 346 Bermuda Ave Date signed 9-18-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Klinkerfuss
Normandy, Mo.

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.