

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38926

State File No. _____

FILED DEC 4 1948
Registration District No. 3997

Primary Registration District No. 3070

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
XXXB 115 East Swon
(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 Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 744 Fairview Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Elam Scott

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from about 1943
to Oct. 24, 1948
that I last saw him alive on Oct. 24, 1948
and that death occurred on the date and hour stated above.

4. Sex Male (1)

5. Color or race White

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

6. (b) Name of husband or wife Minerva K. Scott

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 20 1887
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Coronary occlusion

Duration 1 day

Due to 94a

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

8. AGE: Years Months Days If less than one day

61	3	16	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Treasurer

11. Industry or business Wholesale Coal Company

12. Name John M. Scott

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ada B. Stewart

15. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Minerva K. Scott

(b) Address 744 Fairview Ave.

17. (a) Burial (b) Date thereof 11-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. J. Reinhardt (M. D. or other) _____
Address 508 N. Grand Ave. Date signed 11/7/48

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address 23 West Lockwood Ave.

19. (a) 11-8-48 (b) Gene G. Kay
(Date received local registrar) (Registrar's signature)

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..... *Elmer P. 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.