

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1003

206

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 1 Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. 206  
(c) City St. Louis (d) Street No. St. Lukes Hosp St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 74 yrs. 5 mos. 6 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles W. Scudder

(a) Residence, No. 75 Vandevanter Pl. St. III  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Scudder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mfgr.  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

FATHER 13. NAME John D. Scudder

14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) Wheeling  
(STATE OR COUNTRY) West Va.

17. INFORMANT Mason Scudder  
(ADDRESS) 75 Vandevanter Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jany. 7th. 1939

19. FUNERAL DIRECTOR (NAME) Wagner and Co.  
(ADDRESS) 3621 Maple St.

20. FILED JAN 8 1939 J. D. Brubaker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 18, 1938, to Jan 5, 1939  
I last saw him alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhageDate of onset  
12/29/38

Other contributory causes of importance:

Arteriosclerosis, general  
Vascular hypertension

Name of operation none Date of .....  
What test confirmed diagnosis? Ther Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.....  
If so, specify .....

(Signed) Samuel B. Grant, M. D.  
(Address) 114 N. Taylor

*114 N. ...*

**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 *Neville B. Fohwetter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Oliver St.*

**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, above space should be left blank.**