

30660

State File No. _____

Registrar's No. 7722

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHBUREAU OF THE CENSUS
REGISTRATION DISTRICT NO. 791
1939

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days (Specify whether
 In this community Life time years, months or days)

3. (a) PRINT FULL NAME Elisha Gage Scudder 3603. (b) If veteran, name war Not 3. (c) Social Security No. 198-03-1577

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Meda H. Scudder
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased July 16 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>9</u>	br. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Merchandise Broker

11. Industry or business _____

MOTHER FATHER
 { 12. Name Elisha G. Scudder
 { 18. Birthplace Hvannisport Mass
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Gale
 { 15. Birthplace Salisbury N.H.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eustiss Scudder
 (b) Address 440 So. Kirkwood Rd.
 17. (a) Burial (b) Date thereof Sept 7 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine
 18. (a) Signature of funeral director Wagoner Und Co
 (b) Address 3621 Olive Street
 19. (a) SEP 6 1939 (b) J. B. Beck
 (Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 59 Kingsbury Place 12
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1939 hour 12 N. minute _____ M.21. I hereby certify that I attended the deceased from Aug 25
1939 to Sept 5 1939;
that I last saw him alive on Sept 5 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion 2 vbr.
9/4/39Due to _____
Due to _____Other conditions Terminal pneumonia
(Include pregnancy within 3 months of death)
BronchialMajor findings: Bronchial
Of operations _____
Of autopsy _____

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)
 (b) Means of injury _____
 23. Signature R. B. Barrett (M. D. or other)
 Address 5727 Delmar Date signed 9-6-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEE OPPOSITE BACK INK—MAKE A PERMANENT RECORD

Dr Robert L. Brown
5427 Eastman Street
1:30 P.M.

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 *Nevil C. G. Grohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive 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.