

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

Do not use this space.

791

2644

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. St. Luke's Hosp)..... St. Ward.....

File No.....
 Registered No. 205

2. FULL NAME

Thomas Hinds Scudder
 (a) Residence. No. 5-433 Delmar St., 12 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Married

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

Frances J. Scudder

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 22-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 10 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Book Packer
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Wm H. Scudder

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Maysville
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Catharine Hindle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky
 (STATE OR COUNTRY)

14.

INFORMANT Frances J. Scudder
 (Address) 5455 Delmar Blvd.

15.

FILED -6 1927 Mar 6 Stark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1927

17. I HEREBY CERTIFY, That I attended deceased from 1/3/27 to 1/6/27, 1927 that I last saw him alive on 1/6/27, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis - myocarditis
chronic

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) W. E. Francis, M. D.

1927 (Address) St. Luke's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL

Bellefontaine Cem | Jan 7 1927

20. UNDERTAKER

Hagoun | 3621 Allier

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.

WRITE PLAINLY, WITH CARE

