

FILED DEC 31 1948

State File No.

Registration District No. 527

Primary Registration District No. 3063

Registrar's No. 2757

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6304 Fauquier Drive
(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 Clayton (5.)
(If outside city or town limits, write "RURAL")
 (d) Street No. 6304 Fauquier, Drive.,
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EVA M. SCUDDER.
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William M. Scudder. 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased May 13 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 26
 year 1948 hour 7:50 minute P. M.
 21. I hereby certify that I attended the deceased from Nov 15 1948 to Nov 26 1948
 that I last saw him alive on Nov 26 1948 and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>86</u> | <u>6</u> | <u>13</u> | hr. _____ min. _____ |

Immediate cause of death Myocarditis chronic
 Duration 445.

9. Birthplace London, Ohio
(City, town, or county) (State or foreign country)

Due to _____
 Due to 93d

10. Usual occupation At home

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

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Alvan Lotan Messmore.
 13. Birthplace London, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Leach.
 15. Birthplace Mt. Sterling, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. F. Huffstot.
 (b) Address 3438 Russell Ave.,

17. (a) Burial (b) Date thereof Nov. 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine 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? 0

18. (a) Signature of funeral director C.R. Lupton & Sons.
 (b) Address 7233 Delmar Blvd.,

While at work? _____ Means of injury _____
 23. Signature [Signature] (M. D. or other) MA
 Address [Address] Date signed 11-27-48

19. (a) 11-27-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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JAN 3 1949

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.