

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

Do not use this space.

20732

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790 File No. _____
 2 Township Bellevue Primary Registration District No. 6033 Registered No. _____
 7 City St. Clayton (No. 6304, Haugner Drive) St. _____ Ward _____

2. FULL NAME William M. Scudder
 (a) Residence, No. 6304 Haugner Drive St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva M. Scudder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. E. Southern & Co.
 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 1 (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Oscar F. Scudder
 14. BIRTHPLACE (CITY OR TOWN) Cincinnati 2 (STATE OR COUNTRY) Ohio

MOTHER FATHER
 15. MAIDEN NAME Annice Moore
 16. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

17. INFORMANT Eva M. Scudder
 (ADDRESS) 6304 Haugner Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 4th 1932

19. UNDERTAKER Wagoner, H. Co.
 (ADDRESS) 3601 Olive St.

20. FILED June 3 1932 R. W. Sullivan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, that I attended deceased from June 2, 1932, to June 2, 1932.
 I last saw him alive on June 2, 1932. Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
932
950
950
 Other contributory causes of importance:
Chronic myocarditis
 Date of case 672

Name of operation _____ Date of _____
 What test confirmed diagnosis? St. G. Was there an autopsy? _____

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) Robert, M. D.
 (Address) 870 Hamilton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

27 1932

