

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether in this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5834 Cabanne Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Frances S. Scudder

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1942 hour 9.30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1932 to Jan 25, 1942
that I last saw him alive on Jan 25 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas H. Scudder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30 1875
(Month) (Day) (Year)

Immediate cause of death Cardio-respiratory failure Duration 2 days

Due to Myelogenous leukemia 2 yrs.

Due to _____

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

Major findings: as above - enlarged spleen, bone marrow changes etc

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 66 | 6 | 25 | hr. min. |
|----|---|----|----------|

9. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Skinner

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Sawyer

15. Birthplace New York
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. S. Steverson

(b) Address 5707 McPherson Ave.

17. (a) Burial (b) Date thereof 1/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem. Wagoner Und. Co.

18. (a) Signature of funeral director _____
(b) Address 3621 Olive, St. Louis, Mo.

19. (a) 1941 07 10A (b) J. J. Bedeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature J. J. Bedeck (M. D. or other) _____
Address 5727 Delmar Date signed 1-26-42

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.....

Robert T., Sangster

Registered Apprentice No. **259**

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. **3696**

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.