

FILED NOV 11 1942 318

1003

State File No.

Registrar's No. 9152

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4931 Laclede Avenue, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life time
years, months or days (Specify whether)

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. 4931 Laclede Avenue,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Scudder, Jr.,

3. (b) If veteran, name war Spanish-American, (c) Social Security No. 498-01-2570

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Elizabeth Scudder 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 9, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Investment Banker

11. Industry or business

MOTHER FATHER { 12. Name Charles Scudder,
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah V. Rogers,
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John B Kennard Jr.

(b) Address 18 Lenox Place,

17. (a) Burial (b) Date thereof 11/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.,

(b) Address 3621 Olive Street.

19. (a) NOV 3 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1942 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Apr. 15, 1941 to Nov. 2 1942
that I last saw him alive on Oct. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis & Infarction Duration 1 day

Due to Senesal Arteriosclerosis

Due to
Other conditions Polyphemia vera 15 yrs.
(Include pregnancy within 6 months of death)

Major findings: Of operations At 12
Of autopsy At 12
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) While at work? (c) Means of injury.....

23. Signature Hiram Huggert (M. D. or other) MD
Address 3730 Washington Blvd Date signed 11/2/42

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

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

Neville B. Frohwitter

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, fact should be so stated above.