

APR MAY 15 1940 791

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3429

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: 59 Kingsbury Place  
(d) Length of stay: In hospital or institution 70 Years  
In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 59 Kingsbury Place  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Gale Scudder 360

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elisha Gage Scudder 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb. 29 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	1	15	hr. _____ min.

9. Birthplace Franklin, New Hampshire  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. E. G. Hallitt

(b) Address 59 Kingsbury Place

17. (a) burial (b) Date thereof 4/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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

(b) APR 15 1940 3621 Olive St.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14  
year 1940 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 1932  
\_\_\_\_\_ 19 \_\_\_\_\_ to Apr. 14 19 40  
that I last saw her alive on Apr. 13 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile plaques  
Ca of primary secondary  
Ca of breast  
metastasis  
Due to to liver

Duration
2 yrs.
1 yr.

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 R. B. Bassett (M. D. or other) \_\_\_\_\_  
Address 5727 Delmar Date signed \_\_\_\_\_

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

Dr Robt B Bassett  
5427 Delmar Ave.  
2-3 P.M.

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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 Melvin L Kemper

Licensed Embalmer No. 4052

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, above space should be left blank.