

No. 300
10-48

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18639
Registrar's No. 4547

#94467

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>3339^e Wisconsin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		2249	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSE</u>	b. (Middle) _____	c. (Last) <u>SCOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16th, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>about 64</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Scott Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm Dunivan</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Penn</u>	14. NAME OF HUSBAND OR WIFE <u>G. A. Scott 3339^e Wisconsin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G. A. Scott 3339^e Wisconsin</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3339^e Wisconsin</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/14/50, 1950, to 5/16/50, 1950, that I last saw the deceased alive on 5/16/50, 1950, and that death occurred at 6:45pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Dunivan, M.D.</u>	23b. ADDRESS <u>1515 Lafayette Ave.,</u>	23c. DATE SIGNED <u>5/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>5-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nations Graveyard</u>	24d. LOCATION (City, town, or county) (State) <u>Advance Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAY 23 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sarsate</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4547

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Van M. Sizemore

Licensed Embalmer No. *4343*

P. O. Address *Othmanis 10, W.*

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.