

FILED AUG 10 1950 STANDARD CERTIFICATE OF DEATH

25265

State File No.

6452

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>1230 N. Euclid Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Hannah</i>	b. (Middle)	c. (Last) <i>Scott</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 26 1950</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cold</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 27 1896</i>	9. AGE (In years last birthday) <i>53</i>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Greenland Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Jake Lewis</i>	13b. MOTHER'S MAIDEN NAME <i>Frances Fox</i>	14. NAME OF HUSBAND OR WIFE <i>Willie Harry Scott</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Willie Harry Scott</i>	ADDRESS <i>1230 N. Euclid</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Essential Hypertension</i>		
	DUE TO (c) <i>Undetermined</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fall</i>
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22. I hereby certify that I attended the deceased from *7-2*, 19 *50*, to *7-26*, 19 *50*, that I last saw the deceased alive on *7-26*, 19 *50*, and that death occurred at *6:20p* m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Blanton</i>	(Degree or title) <i>D.</i>	23b. ADDRESS <i>2601 N Whittier St</i>	23c. DATE SIGNED <i>7-27-50</i>
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24a. BURLIAL/CREMATION REMOVAL (Specify) <i>buried</i>	24b. DATE <i>7-30-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenville Miss</i>	24d. LOCATION (City, town, or county) (State) <i>Greenville Miss</i>
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DATE REC'D BY LOCAL REG. <i>JUL 28 1950</i>	REGISTRAR'S SIGNATURE <i>J. Blanton</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A.L. Beal</i>	ADDRESS <i>Und Co. 4303 Delmar</i>
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WRITE PLAINLY--USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leroy W. Panmister*.....

Licensed Embalmer No. *4523*.....

P. O. Address *3880 Easton Ave*.....

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.